No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 240

Registration District No. 791 Primary Registration District No. _____ Registrar's No. 240

1. PLACE OF DEATH: 1003 FILED FEB 17 1940
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County /
(c) City or town St. Louis //
(If outside city or town limits write "RURAL")
(d) Street No. 2411a Coleman St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Harry C. Mitchell, 324
3. (b) If veteran, name war _____
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Mitchell
6. (c) Age of ~~husband or~~ wife if alive 55 years
7. Birth date of deceased April (Month) 17 (Day) 1883 (Year)

8. AGE: Years 56 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Elsberry (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Foreman 0
11. Industry or business City Water Dept. /
FATHER
12. Name Robert Mitchell
13. Birthplace _____ (City, town, or county) Virginia 9 (State or foreign country)
MOTHER
14. Maiden name Catherine Trail
15. Birthplace _____ (City, town, or county) Dont Know (State or foreign country)
16. (a) Informant Patricia Mitchell
(b) Address 2411 Coleman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry Missouri
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) JAN 9 1940 (Date received local registrar) (b) J. B. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1940 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec. 14, 1939, to Jan 7, 1940; that I last saw him alive on Jan 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis — Duration 15 min
Due to Arteriosclerotic Heart Disease 1 year
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy — Coronary Thrombosis of Rt Coronary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury /
23. Signature J. P. Brennan M.D. (M. D. or other)
Address 539 N. Grand Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.