

No. 2
1-10-39
K-10-39

MAY 15 1940

791

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

3846

Registrar's No. _____

1. PLACE OF DEATH:

(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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos 7 days
In this community 31 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OSCAR MITCHELL 324

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mary Mitchell 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 63 hr. _____ min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Freight House-1931

12. Name Unknown

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mitchell

(b) Address 1219 N Spring Ave

17. (a) Burial (b) Date thereof 4/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) APR 20 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 N Spring
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1940 hour 7:36 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 19, 1939, to April 26, 1940
that I last saw him alive on April 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Abt 5 mos
Luetic Heart Disease & Hyper- ?
tension

Due to _____

Due to _____

Other conditions: 2/11
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dean B. Smart (M. D. or other) _____

Address 2601 N Whittier Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finner

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.