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BUREAU OF THE CENSUS
MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3879

1. PLACE OF DEATH:

(a) County St. Louis
(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 12 (Specify whether
In this community 10 yrs
years, months or days)

3. (a) PRINT FULL NAME Mitchell, James 324

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

4. Sex M 5. Color of hair Brown 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 24, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 7 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Louis Mitchell

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

14. Maiden name Anne Hill
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Mays Sheppard
(b) Address 2601 N. Whittier St.

17. (a) (Burial, cremation, or removal) _____ (b) Date of event May 10, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation W. R. R. Station

18. (a) Signature of funeral director W. R. R. Station
(b) Address 2500 Rutger

19. (a) APP 30 1940 (b) J. B. Schick

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2323 1/2 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1940 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3-19- 1940 to 3-31- 1940
that I last saw him im alive on 3-31- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Uremia 12 days
Duration

Due to Hypertrophied Prostate 10 yrs.

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy _____
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?

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

23. Signature Don B. Smart (M. D. or other) _____
Address 2601 N. Whittier Date signed 4-3-40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.