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7-39  
X23159

MAR 25 1941

State File No. ....

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1629

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether)

In this community 1 year  
years, months or days

3. (a) PRINT FULL NAME Elijah Mixon (Will Brown)

3. (b) If veteran, name war Worlds 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1897  
(Month) (Day) (Year)

8. AGE: 44 Years Months Days If less than one day  
ABT hr. min.

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

10. Usual occupation Laber

11. Industry or business \_\_\_\_\_

12. Name John Mixon

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

14. Maiden name Amarda Woodson

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

16. (a) Informant John Woodson

(b) Address 3103 Washington Blvd.

17. (a) Buried (b) Date thereof 2-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Bessie Love

(b) Address 3103 Washington Blvd.

19. (a) FEB 20 1941 (b) J. H. Gudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo. 1721  
(If outside city or town limits, write "RURAL")

(d) Street No. 802 N. Jefferson 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 15 Year 1941 hour 11 minute 40 a. m.

21. I hereby certify that I attended the deceased from Feb 8, 1941, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on Feb. 15, 1941, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 das

Prob Carcinoma of Bladder

Due to Uremia Abt 1 year

Due to \_\_\_\_\_

Other conditions 52  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 51 D

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 W. E. Fletcher (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier St. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 *Michael Blackburn*

Licensed Embalmer No. *3962*

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, fact should be so stated above.**