

Registration District No. 791

Primary Registration District No. 1003

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:
4309 St. Louis Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 32 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4309 St. Louis Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME William Clarence Mitchell

3. (b) If veteran, name war NONE 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud Mitchell 6. (c) Age of husband or wife if 37 years
7. Birth date of deceased 10 25 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 14 If less than one day
.....hr.min.

9. Birthplace Louisiana Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business None

MOTHER FATHER { 12. Name Paul Mitchell Mo 0
13. Birthplace Louisiana (City, town, or county) (State or foreign country)
14. Maiden name Ellen Holland
15. Birthplace Louisiana Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Mitchell
(b) Address 4309 St. Louis Ave

17. (a) Burial (b) Date thereof 4 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Burd Bros
(b) Address 2704 Franklin Ave

19. (a) APR 22 1941 (b) J. H. Buchek
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1941 hour 3 minute 4 M.
21. I hereby certify that I attended the deceased from April 8 to April 19
in St. Louis at 4:19 P.M.

that I last saw him alive on April 19 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Chronic Hepatitis

Due to malnutrition
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 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 0

23. Signature W. A. Mueller M.D. or other MD
Address 335 Grand Date signed 4-21

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

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17
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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 Finney Ave

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.