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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19926

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4738

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days) In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1722
(If outside city or town limits, write "RURAL")

(d) Street No. 211 So. 22nd. st. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Moses Mitchell

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male 2

5. Color or race N

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased March 5, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt 47	2	28	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Core Brown

(b) Address 211 S. 22nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director [illegible]

(b) Address 3517 Lucas & Ewl

19. (a) JUN 7 1941 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour 8-20 minute [illegible] P.M.

21. I hereby certify that I attended the deceased from May 5, 1941, to June 3, 1941; that I last saw her alive on June 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	7yrs.
Chronic Myocarditis	7yrs.
Arteriosclerotic Gangrene of Left Foot.	3 Mos
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (c) Means of injury

23. Signature M. E. Fowler (M. D. or other)

Address 2601 N. Whittier Date signed 6-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 R. M. Sheen

Licensed Embalmer No. 1173

P. O. Address 3517 Sockdale Ave

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

If this body is not embalmed, fact should be so stated above.