

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **4833**

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: Rutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis
 (c) City or town St. Louis (Lemay)
(If outside city or town limits, write "RURAL")
 (d) Street No. 125 W. Holder
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 33 ¹⁹/₁₉ years.

3. (a) PRINT FULL NAME WILLIAM R. MITCHEN
 (b) If veteran, name war _____
 (c) Social Security No. 494-104691
 4. Sex Male 5. Color or race W. Brn
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louise Mitchen 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased April 17 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 3 year 1941 hour _____ minute _____ A.M.
 21. I hereby certify that I attended the deceased from 5-6-41, 1941, to 6-3, 1941;
 that I last saw him alive on 6-3-41, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>16</u>	hr. _____ min.

Immediate cause of death Melanoma Sarcoma Primary site right shoulder
 Due to general metastases
 Due to Plural Effusion
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Construction Co.
12. Name Fred Mitchen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: 55
 Of operations _____
 Of autopsy 53

16. (a) Informant Mrs W. Mitchen
 (b) Address 125 W. Holder
17. (a) Buried (b) Date thereof 6-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hillsboro Mo
18. (a) Signature of funeral director Charles J. Math
 (b) Address 10010 N. 2nd
19. (a) JUN 11 1941 (b) J. P. Credek
(Date received local registrar) (Registrar's signature)

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 Charles Ehlers (M. D. or other) (M.D.)
 Address 7602 S. Broadway Date signed 6-3-41

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

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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.....

Daniel J. Malm

Registered Apprentice No. 3783

working under my personal supervision.

Signed

Daniel J. Malm

Licensed Embalmer No. 3283

P. O. Address Bellevue, Mo.

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.