

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
25 So. Leonard Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **# 25 So. Leonard Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Pinkie Mitchell

3. (b) If veteran, name war **no**

3. (c) Social Security No. **None**

4. Sex **Female 3** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **March 12, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 7 hr. min.

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

10. Usual occupation **Nil.**

11. Industry or business _____

12. Name **Mark Robinson**

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

14. Maiden name **Mary Thurton**

15. Birthplace **Forest Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. Mitchell**

(b) Address **3337 Laeode Ave.**

17. (a) **Burial** (b) Date thereof **Oct 23, 1941.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Wright's Funeral Home**

(b) Address **3100 Easton Ave**

19. (a) **OCT 22 1941** (b) **J. T. Bredenk**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **19** / 41
year **41** hour **12** minute **45 P** M.

21. I hereby certify that I attended the deceased from **9/25/41** to **10/19/41**
that I last saw her alive on **10/19/41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **15 da**

Due to **Hypertension, chronic myocarditis**

Due to _____ **3 yr**

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? _____

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

23. Signature _____ (M. D. or other)

Address **3184a Laeode** Date signed **10/22/41**

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.....

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2117

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.