

FILED JUL 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6188

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **Three days**
(Specify whether years, months or days)

In this community..... **Fifteen years**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
12

(c) City or town..... **Saint Louis,**
(If outside city or town limits, write "RURAL") **9/1**

(d) Street No..... **1006 North Whittier Street**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Benjamin Mitchell**

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

4. Sex..... **Male** 2 5. Color or race..... **Negro** 2 6. (a) Single, widowed, married, divorced..... **Widow**

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

7. Birth date of deceased..... **October 15, 1890**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	9	4	hr. min.

9. Birthplace..... **Conway County, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Private family**

11. Industry or business.....

12. Name..... **Robert Mitchell**

13. Birthplace..... **Ville, Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Adaline Thompson**

15. Birthplace..... **Conway County, Arkansas**
(City, town, or county) (State or foreign country)

16. Name..... **Iola Carter**

(b) Address..... **1312a North Newstead Avenue**

17. (a) **Removal** (b) Date thereof..... **7/22/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Little Rock, Arkansas**

18. (a) Signature of funeral director..... **Charles J. Gates**

(b) Address..... **4107 Finney Avenue**

19. (a) **JUL 21 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **19,**
year..... **1942** hour..... **10** minute..... **20 P.M.**

21. I hereby certify that I attended the deceased from.....
19..... to..... **July 19,** 19..... **42**
that I last saw h..... **im** alive on..... **July 19,** 19..... **42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Intestinal obstruction**
Due to..... **adhesive bands of the intestines**
Due to.....

Other conditions..... **127**
(Include pregnancy within 3 months of death)

Major findings..... **Intestinal adhesions**
Of operations.....
Of autopsy.....

Duration

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) (M.P. number)

23. Signature..... **J. F. Brudick** (M.P. number) **121/42**
Address..... **3136 Chouteau Ave.,** Date signed.....

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.....
James A. Johnson..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.