V. S. No. 2
DM—9-4-41
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314

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26053

State File No.

FILED AUG 20 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6731

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 92

(a) State Mo. (b) County 0 ST. CHARLES

(c) City or town St. Peters Mo. Rural N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Virgil Otto Mitchell

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 490-20-4853

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Maude Elsie Mitchell

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March (Month) 28 (Day) 1893 (Year)

8. AGE: Years 49 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Widener (City, town, or county) Arkansas 1 (State or foreign country)

10. Usual occupation Oiler

11. Industry or business Small Arms Plant

FATHER
12. Name Robert Mitchell
13. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Dora Evans
15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Mrs V O Mitchell
(b) Address P.OP Box 145 St. Peters, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 11, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Fayetteville, Arkansas

18. (a) Signature of funeral director O H Armister N. L. Co.
(b) Address 7814 S. Broadway

19. (a) AUG 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1942 hour 2 minute 50 A M.

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

Immediate cause of death: Fracture of Skull Subdural Hemorrhage of the Brain when he was struck by a Automobile Driven by one Paul Eugene Seeie about 20 feet east of the Crosswalk of Natural Bridge and Grand ave about 1:50 AM 8/9/42

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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) Accident
(b) Date of occurrence 8/9/42
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? (c) Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Upper Clover Date signed 8/10/42

844

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1942

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 C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.