

FILED OCT 6 1942

Registration District No. 10

Primary Registration District No. 1000

Registrar's No. 8026

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days  
(Specify whether years, months or days)

In this community 7yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 23  
(If outside city or town limits, write "RURAL")

(d) Street No. 1858 So. 12th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -----

3. (a) PRINT FULL NAME John Mitchell

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25, year 1942 hour 9:00 minute P. M.

4. Sex Male 5. Color or race White

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

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

21. I hereby certify that I attended the deceased from September 12, 1942 to September 25, 1942 that I last saw him alive on September 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

7. Birth date of deceased February 23, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 7 2 hr. min.

Due to Urinary Retention

Due to Hypertrophy of Prostate

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

10. Usual occupation Laborer

11. Industry or business Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: 137

Of operations

Of autopsy

MOTHER, FATHER

12. Name Oscar Mitchell

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

14. Maiden name Ann Wiggins

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Ann Mitchell

(b) Address 7805 So. 8th St.

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?

17. (a) ST. MATTHEW LUTHERAN (b) Date thereof 9-28-42  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEW LUTHERAN

While at work? (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 LAFAYETTE AVE

19. (a) SEP 28 1942 (b) J. F. Brueck  
(Date received local Registrar's signature)

23. Signature P. B. Berkovich (M. D. or other)

Address 1515 Lafayette Avenue Date signed 9/26/42

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:

*Joseph B. Völlmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

**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.**