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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4557**
Registrar's No. **1203**

FILED FEB 10 1943 318
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(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. **4 Days** (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 Montgomery St**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William Henry Mitchell**
3. (b) If veteran, name war ********* 3. (c) Social Security No. *********

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **4**, year **1943** hour **9:10** minute **P.** M.
21. I hereby certify that I attended the deceased from **February 1, 1943** to **February 4, 1943**;
that I last saw him alive on **February 4, 1943**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **August 4 1862**
(Month) (Day) (Year)

Immediate cause of death.....
Coronary occlusion
Due to **arteriosclerosis**
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
80 6 0 hr. min.
9. Birthplace. **Missouri** (City, town, or county) (State or foreign country):
10. Usual occupation. **Retired Foreman**

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

MOTHER FATHER
11. Industry or business. **Hammer Dry Plate Co**
12. Name. **August Mitchell**
13. Birthplace. **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name. **Unknown**
15. Birthplace. **Unknown** (City, town, or county) (State or foreign country)
16. (a) Informant. **Mrs. Macy Rowan**
(b) Address. **3226 Geyer Ave**
17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof. **Feb 8 1943** (Month) (Day) (Year)
(c) Place: burial or cremation. **Missouri Crematory**
18. (a) Signature of funeral director. **Petz Brothers**
(b) Address. **3029 Lafayette Ave**
19. (a) **FEB 6 1943** (Date received local registrar) (b) **J. F. Brueck** (Registrar's signature)

23. Signature. **Gray U. J. J. J.** (M. D. or other) **M.D.**
Address. **1515 Lafayette Avenue** Date signed **2/5/43**

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 *Paul S. Quinn*.....

Licensed Embalmer No. *2245*.....

P. O. Address *St Louis 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, fact should be so stated above.