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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15479

State File No.

FILED MAY 6 1943

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 1046

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 3/31/43. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005 17 9

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3749 Evans Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Joseph A. Mitchell

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 486-14-6109

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Minnie 6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased February (Month) 12, (Day) 1883 (Year)

8. AGE: Years 60 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Decorator

11. Industry or business -

FATHER
12. Name Theodore Mitchell
13. Birthplace Owensboro, (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Catherine Bryan
15. Birthplace Owensboro, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 3- 43 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAY 3 - 1943 (Date received local registrar) (b) E. G. McFarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th, year 1943 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from March 31, 1943, to April 30, 1943 that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease with myocardial damage and insufficiency.	Unknown
Due to -	
Other conditions Nephritis, chronic, with nitrogen retention. (Include pregnancy within 3 months of death)	Unknown

131a

Major findings:
Of operations Spinal Puncture, 4/5/1943.
Of autopsy Autopsy not granted.

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) no
(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? (Specify type of place)
While at work? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 5/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.