

FILED DEC 2 1948
Registration District No. **2348**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **ST. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **12-5-43--12-8-43**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **St. Louis Mo** (b) County.....
 (c) City or town..... **Missouri** **921**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2714 Lucas**
(If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country.....

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

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

4. Sex **Male** 5. Color or race **2 Color** 6. (a) Single, widowed, married, divorced..... **0**

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

7. Birth date of deceased..... **7 26 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	4	12	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Lewis Murro Mitchell**

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

14. Maiden name **Laura Bell Shannen**

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

16. (a) Informant..... (b) Address **5600 Arsenal**

17. (a) **Crematory** (b) Date thereof **12-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **City Crematory**

18. (a) Signature of funeral director..... **Jas. Ryan**
 (b) Address **5800 Arsenal St.**

19. (a) **DEC 10 1943** (b) **J. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov~~ **Dec**, day **8** year **1943** hour **6** minute **30** a. M.

21. I hereby certify that I attended the deceased from **12-5-43** to **12-8-43** that I last saw **im** alive on **12-8-43** and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to..... **Influenza Meningitis**
 Due to..... **33**

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).....
 (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)
 (c) Means of injury.....

23. Signature..... **Jas. Ryan M.D.** (M. D. or other)
 Address **Children's Hospital** signed **12/8/43**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.