

S. No. 2
M-5-43
7-5-17-39
P I X36671

727

JAN 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 121

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days. (Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME James William Mitchell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced Widower

6. (b) Name of husband or wife Fannie H. Mitchell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name David Mitchell

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

14. Maiden name Rebecca Wakefield

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

16. (a) Informant W. B. Mitchell

(b) Address Quincy, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-6-44
(Month) (Day) (Year)

(c) Place: burial or cremation Lorraine, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 5 1944 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Adam
(c) City or town Quincy
(If outside city or town limits, write "RURAL")
(d) Street No. 701 S. 13th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 3:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 30, 1943, to Jan 5, 1944
that I last saw him alive on Jan 5, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____
Due to _____

Other conditions Anemia - etiology unknown
(Include pregnancy within 3 months of death)

Major findings: Bladder calculi

Of autopsy Bladder calculi

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 _____

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 1/5/44

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Albert G. Hoffa*

..... Licensed Embalmer No. *2971*

..... 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.