

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

24505
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

13123
State File No. _____
Registrar's No. 3564

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 17 days
In this community years, months or days

3. (a) PRINT FULL NAME ARTHUR 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, or separated Separate
6. (b) Name of husband or wife Margaret Mitchell
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased January 16 1863

8. AGE: Years Months Days If less than one day
81 2 27 hr. min.

9. Birthplace Franklin County Illinois
Retired (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Thomas Mitchell
13. Birthplace Unknown Unknown
14. Maiden name Ruth Ann Ray
15. Birthplace Unknown Unknown

16. (a) Informant Grace Shipley
(b) Address 2514a Warren

17. (a) Removal (b) Date thereof 4-16-44
(c) Place: burial or cremation Sesser, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 18 1944 (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1720
(d) Street No. 2514a Warren 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1944 hour 11:10 minute A. M.
21. I hereby certify that I attended the deceased from March 28th
1944 to April 13th 1944
that I last saw him alive on April 13th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive
Arteriosclerotic Heart Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature L. Kneppelhoff (M. D. or other M. D.)
Address 1515 Lafayette Date signed 4/14/44

3564

3564

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. Hoff*

..... Licensed Embalmer No. *2921*

..... 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.