

FILED JUN 4 1945

Registration District No. 377

Primary Registration District No. 6069 6076

Registrar's No. 1067

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sims Avenue Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2-Years  
years, months or days

3. (a) PRINT FULL NAME

Robert H. Mitchell

3. (b) If veteran, name war None  
3. (c) Social Security No. X497-01-1851

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced SM  
6. (b) Name of husband or wife Elizabeth  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Feb 13 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 2 17 hr. min.

9. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Floorman

11. Industry or business General Cable Corp.

12. Name John Mitchell

13. Birthplace Tenn  
(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 Elizabeth Mitchell

(b) Address Overland, Mo R#7

17. (a) Burial (b) Date thereof 5-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cem

18. (a) Signature of funeral director Blair Ann Brodine

(b) Address 2504-Woodson Rd-Overland

19. (a) MAY 7 1945 (b) E. E. H. Hanson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1945 hour 8 minute A M.

21. I hereby certify that I attended the deceased from 4-1-45 to 4-30-45, 1945,  
that I last saw him alive on 4-30-45, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 20 days

Due to Arteriosclerosis 94a 1935

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) Means of injury ○

23. Signature Ray Johnson (M. D. or other)  
Address Springfield Date signed 5/1/45

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

16  
3  
1

JUN 5 1945

**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 W. G. Peterson  
Licensed Embalmer No. 3767  
P. O. Address Overland 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.**