V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29258

Registrar's No. 8238

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 929 Brooklyn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 6

(c) City or town St. Louis 17N
(If outside city or town limits, write "RURAL")

(d) Street No. 929 Brooklyn St. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAVE MITCHELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased July (Month) 25 (Day) 1874 (Year)

8. AGE: Years 71 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Columbus, Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City Sewerage Dept.

FATHER
12. Name Alvin Mitchell
13. Birthplace Unavailable S. C. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable S. D. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Solomon Mitchell
(b) Address 4324 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) SEP 22 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis (Thrombosis)

Due to Contrib. Arteriosclerosis

Due to 94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick C. E. Myers (M. D. or other)

Address Dy. Em. Date signed 9/22/45

(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

Thomas Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.