

FILED DEC 7 1945
318

Primary Registration District No. **1003**

Registrar's No. **10294**

1886-9-17
100
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4353 Garfield Ave
(If not to hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yr.
(Specify whether years, months or days)

In this community 2yr.

3. (a) PRINT FULL NAME Edith Q-Millar Mitchell

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Steve Mitchell

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Oct. 14 1878
(Month) (Day) (Year)

8. AGE: 67 Years 1 Months 4 Days
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham Harris

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

14. Maiden name Edith Q-Miller Harris

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

16. (a) Informant Herman Mitchell

(b) Address 4346 Cote Brillante

17. (a) Removal (b) Date thereof 11-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrilton, Ark.

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) NOV 28 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4353 Garfield A venue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1945 hour 6 minute 25 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 Myocardial infarction

Due to _____

Due to _____

Other conditions MI
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury MI

23. Signature J. F. Brudeck (b) J. F. Brudeck
(Reg. D. or other)

Address _____ Date signed 11/24/45

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.....

Jotie G. Pettus

Licensed Embalmer No. *4184*

P. O. Address, *St Louis 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.