

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town South Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wilmore Ave nr Jones Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community one year, seven months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Wilmore Ave nr Jones Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME L.V. (init only) Mitchell

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 11 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 1 27
hr. min.

9. Birthplace Grant Parish La
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business --

MOTHER FATHER { 12. Name Charlie Mitchell
13. Birthplace Natchitoches Parish, La
(City, town, or county) (State or foreign country)
14. Maiden name Clara Mitchell
15. Birthplace Natchitoches Parish, La
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Mitchell
(b) Address So Kinloch, Mo

17. (a) Burial (b) Date thereof May 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Earl Bars

(b) Address South Kinloch, Mo

19. (a) 5-13-48 (b) E. J. Gammeter
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 9th
year 48 hour 11:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from 3-78 1946 to 5-9 1948
that I last saw him alive on 5-9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 2 weeks

Due to _____

Due to _____

Other conditions none ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations none Underline the cause to which death should be charged statistically.

Of autopsy none

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 Earl Bars (M. D. or other) _____

Address South Kinloch, Mo Date signed 5/14/48

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.....

Edward A. Flynn

Registered Apprentice No. *397*

working under my personal supervision.

Signed.....

James A. Lusk

Licensed Embalmer No. *3522*

P. O. Address *3704 Kennedy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 1033

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME L. V. Mitchell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race B 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased mar 11 (Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar 9
year 1946 floor _____ minute _____ M.

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

Immediate cause of death Chronic Nephritis was passed by 2 year Duration
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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. D. or other) _____
Date signed _____

SUPPLEMENTARY

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6957

18078