

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether
In this community 33 yrs
years, months or days)

3. (a) PRINT FULL NAME Louis Mitchell

3. (b) If veteran, name war _____
3. (c) Social Security No. 333-03-71737

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgie Mitchell 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 26, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Social Circle, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant Georgie Mitchell

(b) Address 2731 Mills St.

17. (a) Burial (b) Date thereof 7-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Dement and Son

(b) Address 2629-31 Cole St.

19. (a) JUL 13 1946 (b) J. F. Bricker
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2731 Mills St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 17, 1946 to July 11, 1946
that I last saw him alive on July 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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 _____

Signature J. F. Bricker (M. D. _____)
Address 2601 N Whittier St

Date signed 7-12-46

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. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *City*

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.