. No. 2
1—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

1003

State File No. 25537

Registration District No. 318 Primary Registration District No. Registrar's No. 5807

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: ST JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999

(c) City or town HARRISBURG 11
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE Nº 1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OSCAR R MITCHELL

3. (b) If veteran, name war

3. (c) Social Security No. 359-09-8031

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LUCIAN

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased MAY (Month) 22 (Day) 1896 (Year)

8. AGE: Years 50 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation MINER

11. Industry or business

MOTHER FATHER

12. Name WILLIAM MITCHELL

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

14. Maiden name CORNALIA CULLEY

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

16. (a) Informant MRS OSCAR MITCHELL

(b) Address RT Nº 1 HARRISBURG ILL

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7 - - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation HARRISBURG, ILL

18. (a) Signature of funeral director HARRISBURG FUNERAL HOME

(b) Address HARRISBURG, ILL

19. (a) JUL 1 1946 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1st year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 7, 1946 to July 1, 1946 that I last saw him alive on July 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, Terminal — Duration 24 hrs

Due to: nephrosis

Due to: nephrolithiasis Bilateral secondary to fractured pelvis multiple — 2 yrs

Other conditions (Include pregnancy within 3 months of death): urethral fistula

Major findings: Of operations:

Of autopsy: Bilateral pyonephrosis + Bilateral nephrolithiasis

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 Charles A. Anderson (M. D. or other)

Address 609 Humboldt Bldg. Date signed 7-1-46

(Licensed Embalmer's Statement on Reverse Side) St. Louis, 3, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.