F. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22507

Primary Registration District No. 1003

Registrar's No. 5747

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: Peoples Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 4599 Page Blvd. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: Corinne Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leonard Mitchell

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: January (Month) 19 (Day) 1893 (Year)

8. AGE: Years 54 Months 4 Days ~~16~~ If less than one day hr. min.

9. Birthplace: Memphis, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: John Sneed
13. Birthplace: Memphis, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ida Nelson
15. Birthplace: Memphis, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard Mitchell
(b) Address: 4599 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Peters Cem

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

19. (a) JUN 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 7th year: 1947 hour: 9 minute: 15 p. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1947, 19..., to June 7, 1947, 19..., that I last saw her alive on June 7, 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration: 1 day

Due to: Hypertension

Due to:

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

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause of 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? Means of injury:

23. Signature: W. A. Young (M. D. or other)
Address: 2337 Market Street Date signed
W. A. Younge

Jefferson City Printing Co.

(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

~~John K. Cunningham~~; Registered Apprentice No. ~~452~~,

working under my personal supervision.

Signed Thomas Yates

Licensed Embalmer No. ~~1825~~ 4259

P. O. Address 4107 Finney Avenue

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.