

FILED AUG 8 1947
 318

1002

Registration District No. _____ Primary Registration District No. _____

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hrs. 37 mins
(Specify whether years, months or days)

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")
 (d) Street No. 1038 N. Leffingwell
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Infant Mitchell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male Color or race Negro
 6. (a) Single, widowed, married, divorced _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 6 27 47
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 27
 year 1947 hour 11 minute 1 A. M.
 21. I hereby certify that I attended the deceased from 2:24 A.M.
6-27 1947, to 11:01 A.M. 1947,
 that I last saw him alive on 6-27 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____
* (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr. 37 min.
 9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Lula Handy
 15. Birthplace Alabama
(City, town, or county) (State or foreign country)
 16. (a) Informant Esther M. Sherard, R.N.
 (b) Address 2601 N. Whittier
 17. (a) Anatomical Board Date thereof 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director W. Richter
 (b) Address 3500 Rutland
 19. (a) JUL 31 1947 (b) J. F. Brooks
(Date received local registrar) (Registrar's signature)

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 W. Richter Date signed 7-1-47
 Address 2601 N. Whittier

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

MOTHER FATHER

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.