

6-300
-10-47
-17-39
I 3906

Registration District No. **318** Primary Registration District No. **1003**

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether
In this community **6 Years**
years, months or days)

3: (a) PRINT FULL NAME **George William Mitchell**
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lillian Mitchell**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Oct. 28th 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	3	22 hr. min.

9. Birthplace **Dont Know Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanical Engineer**

11. Industry or business.....

12. Name **Charles Mitchell**

13. Birthplace **Dont Know Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Ammon**

15. Birthplace **Dont Know Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillian Mitchell**

(b) Address **4314 Lindell Blvd.**

17. (a) **Removal** (b) Date thereof **2-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harrisburg Ills.**

18. (a) Signature of funeral director **Arthur J. Doucely**

(b) Address **3840 Lindell Blvd**

19. (a) **FEB 24 1948** (b) **J. J. Brennan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4314 Lindell Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Feb.** day **20th**
year **1948** hour **9** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **20th Feb 1948**
....., 19....., to **20th Feb 1948**, 19.....
that I last saw him alive on **20 Feb 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration.....

Due to **Advanced coronary atherosclerosis**

Due to.....
Other conditions (Including pregnancy within 3 months of death).....

Major findings:
Of operations.....

Of autopsy **Coronary thrombosis with advanced coronary atherosclerosis.**

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 **Merlin C. Stevenson** (M. D. or other **M.D.**)
Address **3633 N. Newstead** Date signed **22 Feb 48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Dr. Apperemen
dePaul Hochstetler
Superintendent State
9300 Ave*

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 H VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.

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