S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17845 ~~4847~~

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ months (Specify whether
In this community C.F. TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3058 Cass 0
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Mitchell

3. (b) If veteran, name war —

3. (c) Social Security No. 0

4. Sex FEMALE

5. Color or race N

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 (Month) 8 (Day) 1894 (Year)

8. AGE: Years 53 Months 6 Days 16 If less than one day — hr. — min.

9. Birthplace ST. LOUIS, MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name UNKNOWN 9
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 9
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Sims
(b) Address 3058 Cass 28

17. (a) Burial (b) Date thereof 5/~~30~~/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director J. Harrison Ad Co.
(b) Address 2906 Lawton

19. (a) MAY 27 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 9 minute 10 a M.

21. I hereby certify that I attended the deceased from April 7, 1948 to May 24, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gluteal Abscess Cause not known	Undet.
Prob. Coronary Occlusion	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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 0

23. Signature James M Whittier (M.D. or other)
Address 2601 N Whittier Date signed 5/24/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4341

P. O. Address Ithaca 13

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.