No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34485

Registrar's No. 9285

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En route to Homer Phillips Hosp.
~~4049 W. Belle Ave.~~
(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

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

(d) Street No. 4049 W. Belle Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ecquard Mitchell

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Alberta Mitchell

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

7. Birth date of deceased September 23, 1895 (Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Hollywood, Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Cornelus Mitchell

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

14. Maiden name Julia Woodard

15. Birthplace ? Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Viola Lewis

(b) Address 4049 W. Belle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) OCT 27 1948 (Date received by registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1948 hour 5:08 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intra abdominal hemorrhage; CONTRIB: Laceration of the liver; Fracture of (right) 12th rib, when he fell down the steps leading from porch to rear yard at 2111 Walnut Str., on Oct. 23, 1948, about 10:00 P.M.

Duration

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 23, 1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 10-27-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1949

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 Fulton E. Culkin

Licensed Embalmer No. 7198

P. O. Address [illegible] 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.