FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38454

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10156

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ hours (Specify whether In this community years, months or days)

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. 926a North 22nd St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLIE MITCHELL
3. (b) If veteran, name war No.
3. (c) Social Security No. #
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 29 (Day), 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	22	hr. min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Pureno Mills

FATHER
12. Name Jack Mitchell
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Donnie Harding
15. Birthplace Unk. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Mitchell
(b) Address 926a N. 22nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address 1221 N. Grand Blvd
19. (a) NOV 23 1948 (Date received local registrar) (b) J. B. Lassater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21st year 1948 hour 3 minute 30 A. M. 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.

	Duration
Immediate cause of death Cerebral Coma	
Due to Aneurysm	
Due to	
Other conditions (Include pregnancy within 3 months of death) No	
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? (e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other) Sup Cor
Address 1300 Clark Date signed 11-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Wayne St Webster Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN ~~HAND~~WRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.