

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

State File No. 6446

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 4737 Newberry Terrace	
3. NAME OF DECEASED a. (First) William b. (Middle) A. c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) 2 21 51	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/20/1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Bishop of Church	9. AGE (In years last birthday) 77 if UNDER 1 YEAR Months Days if UNDER 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Tajin, Ala.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Samuel Mitchell		13b. MOTHER'S MAIDEN NAME Caroline Jordan	
14. NAME OF HUSBAND OR WIFE Nimmie Mitchell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nimmie Mitchell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Raber Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of left side.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) : (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4/10 X	
22. I hereby certify that I attended the deceased from 2/12, 1951, to 2/20, 1951, that I last saw the deceased alive on 2/20, 1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE J. H. Bruce		23b. ADDRESS 1121 Jefferson Ave	
23c. DATE SIGNED 2/23/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/29/51	24c. NAME OF CEMETERY OR CREMATORY Rock Dale	24d. LOCATION (City, town, or county) (State) Montgomery, Alabama
DATE RECEIVED FEB 23 1951	LOCAL REG. NO. 1951	REGISTRAR'S SIGNATURE J. B. Carater	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Bruce
		ADDRESS 4469 Washington	

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

729096

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.