

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1954

State File No. **32031**
Registrar's No. **8280**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 23 1402 S. Seventh St. 223/0			

3. NAME OF DECEASED (Type or Print) WILLIAM FRANK MITCHELL			4. DATE OF DEATH (Month) (Day) (Year) Sept 4, 1954		
a. (First)		b. (Middle)	c. (Last)		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Aug 14, 1900	9. AGE (In years last birthday) 54	# UNDER 1 YEAR 0	# UNDER 24 HRS. 20	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Century Electric		11. BIRTHPLACE (City and State or Foreign Country) Moberly, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Harvey W. Mitchell		13b. MOTHER'S MAIDEN NAME May Bradley		14. NAME OF HUSBAND OR WIFE Eliza Beasley			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-26-8376		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clifford Pratt Irondale, Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Coronary Sclerosis					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:10 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) Patrick E. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9-8-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-7-1954		24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		24d. LOCATION (City, town, or county) (State) Washington, County, Mo	
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DATE REC'D BY LOCAL REG. SEP 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith MS		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks F. Home Flat River, Mo	
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mfb (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Murphy Spahr

Licensed Embalmer No. *423*

P. O. Address *Laurel Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.