

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003 State File No. 25015  
318 5980

FILED JUL 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Chicago 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac Hospital		d. STREET ADDRESS (If rural, give location) 864 Orleans venue 8	

3. NAME OF DECEASED (Type or Print) HORACE	a. (First)	b. (Middle) MITCHELL	c. (Last)	4. DATE OF DEATH July 4 1951
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5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/22/96	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Jackson Miss	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfre Mitchell	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Mrs Daisy Mitchell (Jones)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Daisy Mitchell	ADDRESS 864 Orlean Chicago Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chloro septic H. Dis.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arthritis (Lumbar?)</i> DUE TO (c) <i>Uremia (Extra renal?)</i>		
II. 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>023X</i>
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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 *7-4-51*, 19*51*, and that death occurred at *10-20 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles F. Fromer, M.D.</i> (Degree or title)	23b. ADDRESS <i>1755 So. Grand.</i>	23c. DATE SIGNED <i>7-5-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>7-5-51</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Chicago Ill
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DATE REC'D BY LOCAL REG. <i>SUL 5 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ambruster Mortuary</i>	ADDRESS <i>6633 Clayton Road</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Ernest W. Spillous*

..... Licensed Embalmer No. 4080.....

P. O. Address.....

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.