WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 19929

Registered No. 5687

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County.....

Township.....

City St. Louis (No. ..... St. ..... Ward)

2. FULL NAME Susannah F. Mack

(a) Residence. No. 5402 Page Blv St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abraham Mack

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 27 1835

7. AGE: Years 91 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER George Hess

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Amie Woodis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Jack Lewis
(Address) 5402 Page Blv

15. FILED JUN 20 1927 Mulo Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Jun. 17, 1927, to June 19, 1927, that I last saw her alive on June 11, 1927, and that death occurred, on the date stated above, at 1 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Nephritis (Bright's)
Chronic
1931
1929 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John S. Kinbrough, M. D.
6/20, 1927 (Address) 3720 Washington Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine — DATE OF BURIAL: June 21 1927

20. UNDERTAKER: Wm. F. Paschedag — ADDRESS: 2025 No Grand Av

3720 Washington
10 00 am

Diff 6236