

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

Do not use this space.

12864

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. City Hospital)

791  
1003

File No. ....  
Registered No. 3407 .....  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Walter E. Mack St. 23 Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**COLOR OR RACE**

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

male

White

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 17 - 1870

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

58

3

17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Laborer

(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)

Illinois

**10. NAME OF FATHER**

Wm. E. Mack

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis

**12. MAIDEN NAME OF MOTHER**

Wm. E. Mack

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis

**14.**

INFORMANT  
(Address)

City Hospital

**15.**

FILED

MAR 19 1929

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 6 1929

**17. I HEREBY CERTIFY** That I attended deceased from March 2, 1929, to March 6, 1929, that I last saw him live on March 6, 1929 and that death occurred, on the date stated above, at City Hospital.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Extravasation of urine due to urethral stricture. Stricture caused by gonorrhoea

35<sup>th</sup>

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

13<sup>th</sup> A

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Henry C. Westerman, M. D.

3/6 1929 (Address) City Hospital

\*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**

**DATE OF BURIAL**

St. Louis U.

3-13 1929

**20. UNDERTAKER**

**ADDRESS**

W. Richter

3500 Rutger St.

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.

237  
2  
31  
31

Mack