

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

Do not use this space.

6973

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 3440 West St.) St. 1838 (Ward)

2. FULL NAME

(a) Residence. No. Henry H. Mack St. 16 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	74	3	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Commissioner
 (b) General nature of industry, business, or establishment in which employed (or employer). Merchant
OWN BUSINESS
 (c) Name of employer. new Orleans La

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

John Mack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Louise Mack
3440 West St.

15. FILED

FEB. 1930

W. C. Underhill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 1919 1919 to Feb 19 1930
 that I last saw him alive on Mar 18 1930, and that death occurred, on the date stated above, at 4:37 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma lower jaw
452 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF year ago

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathological
 (Signed) Walter E. Helmerich M. D.

219 1930 (Address) 216 Clayton Street Bldg.

*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

Old St. Marcas Cemetery Feb 21 1930

20. UNDERTAKER

ADDRESS

Mrs. J. Robert 1905 S Grand Bldg

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.

