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

Do not use this space.

17424

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Marine Hosp. St. ..... Ward)

File No. 4492

Registered No. .....

2. FULL NAME Frank P. Pack

(a) Residence. No. 152 Milladuon St., St., 24 Ward. New Orleans, La.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	5	3	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Lighthouse Service

(c) Name of employer

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

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PARENTS

10. NAME OF FATHER Frank Pack

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

12. MAIDEN NAME OF MOTHER Betty Brown

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

14. INFORMANT Walter Schubert
(Address) 3640 Marine Ave., St. Louis, Mo.

15. FILED MAY 13, 19 Max C. Nobler REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to May 4, 1930 that I last saw him alive on May 4, 1930, and that death occurred, on the date stated above, at 10.10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendical Abscess.

121B

133A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abscess of liver from infection cause unknown (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/10/30 - 4/24/30

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Earl Smith, M. D.

, 19 (Address) 3640 Marine Ave.

*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
Hamburg Ala	5-7 1930

20. UNDERTAKER	ADDRESS
Metro Funeral Home	5229 Lucas

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.