

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

Do not use this space.

6616

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1008 File No. 1690
 City St. Louis (No. 2918 Rear Sackelade ave) St. _____ Ward _____

2. FULL NAME Shirley Mae Mack

(a) Residence, No. 2918 rear Sackelade St., 21 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 - 1930</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>9</u>
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>		
13. NAME <u>Albert Mack</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u> <u>2</u>		
15. MAIDEN NAME <u>Lara King</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT <u>Lara Mack</u> (ADDRESS) <u>2918 Rear Sackelade ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Feb 22, 1932</u>		
19. UNDERTAKER <u>Fl. Green</u> (ADDRESS) <u>2915 Franklin Ave</u>		
20. FILED <u>21 1932</u> <u>W. C. Jarrell</u> <u>15</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1932, to 2/14 1932
 I last saw her alive on 2/13 1932. Death is said to have occurred on the date stated above, at 2:20 m.
 The principal cause of death and related causes of importance were as follows:

<u>Whooping cough,</u>	Date of onset
<u>Broncho pneumonia</u>	
<u>and Rickets</u>	
<u>Oroncho Pneumonia secondary</u>	
Other contributory causes of importance:	
<u>Whooping cough</u>	<u>9</u>
<u>Broncho pneumonia</u>	<u>10/11</u>
<u>and Rickets</u>	<u>63</u>

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X 19 X
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X (1)

24. Was disease or injury in any way related to occupation of deceased? X
 If so, specify X
 (Signed) W. W. Fisherby, M. D.
 (Address) 2918 market 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.

~~St. Louis~~
Missouri

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