

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

Do not use this space.

20789

**1. PLACE OF DEATH**

96 County ..... Registration District No. 1170  
 7 Township ..... Primary Registration District No. 6248H  
 7 City Richwood Heights No. 1340 Highland Terrace St. .... Ward)

**2. FULL NAME**

Byron William Mack  
 (a) Residence, No. 1340 Highland Terrace 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1908  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 4 11  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 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) St Louis (STATE OR COUNTRY) Mo.

13. NAME Paul E. Mack

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jessalyn Dale

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Paul E. Mack (ADDRESS) 1340 Highland Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE June 13 1932

19. UNDERTAKER Alvander J. Sims (ADDRESS) 6175 Delmar

20. FILED 6/13 1932 L. L. Jensen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1932  
 22. I HEREBY CERTIFY That I attended deceased from May 29 1932 to June 10 1932  
 I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
10/5/08  
 Other contributory causes of importance: .....

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

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

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) A. M. Frank M. D.  
 (Address) 714 No. Third, Bldg.

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.

JUN 27 1932

W. M.

Cat. 7080 Antelope 18 - 1714.