

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

Do not use this space.

31845

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1033**
 City **Saint Louis** (No. **City Hospital #2**) St. _____ Ward _____

File No. _____
 Registered No. **8623**

2. FULL NAME Melvin Mack

(a) Residence, No. 4208 Cook Avenue St., 11 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, ~~Wife of~~ **Gertrude Mack**
 HUSBAND OF OR WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29th, 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Chauffeur**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Private family**

10. Date deceased last worked at this occupation (month and year) **Sept. 22, 1933** 11. Total time (years) spent in this occupation **5 yr**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

13. NAME **William Mack**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Unavailable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Gertrude Mack**
 (ADDRESS) **4208 Cook Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Oct. 4, 1933**

19. UNDERTAKER **Charles J. Bates**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **Oct - 3 1933** **J. H. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 29, 1933**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:55A.M.**

The principal cause of death and related causes of importance were as follows:
Labor Pneumonia Date of onset _____

Cardiac Failure
Chronic Passive Congestion of Lungs & Spleen
Cholelithiasis - (Cholecystitis)
 Other contributory causes of importance:
108
131

Name of operation **730** Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

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 **L**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) **Harold C. Blum** M. D.
 (Address) _____

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.

NOV 10 1933

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