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.

DEC 10 1935

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

Do not use this space.

791

37906

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9885

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME William Pack

(a) Residence, No. 902 No 9th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 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): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 1850

7. AGE: YEARS 85 MONTHS 5 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printer
10. Date deceased last worked at this occupation (month and year): About Dec 1933
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jerseyville Illinois

FATHER

13. NAME: John C Pack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME: Henrietta Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Pennsylvania

17. INFORMANT (ADDRESS): R. C. Campbell M.D. 4250 Shaw Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Jerseyville Ill DATE: Nov. 26, 1935

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED: NOV 26 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Nov. 24, 1935

I last saw him alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 12 45 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	Before July 1 1935
Other contributory causes of importance: Senility 93C	"

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) R C Campbell, M. D.

(Address) 4250 Shaw Ave.