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.

APR 27 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 1170 — File No. 13668

Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 75

City Richmond Heights (No. St. Mary's Hospital St. Ward)

**2. FULL NAME** Thomas B. Jack

(a) Residence, No. 8239 Buchannan Ave. St., Ward. Vinita Park.
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Kay Jack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1877

7. AGE: YEARS 60 — MONTHS Unknown — DAYS — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Star-Times

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): Ohio

FATHER

13. NAME: Thomas Jack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Arthur E. Kaye, 7262 Forythe Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE 3-15 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.

20. FILED March 13 1937 Sam A. Bassett, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37, 19, to 3/12/37, 19

I last saw him alive on 3/8/37, 19 Death is said to have occurred on the date stated above, at 8.05 P.M.

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

Myocarditis Ch.
Uremia
Post Operative Shock.

Date of onset

Other contributory causes of importance:

Carcinoma of Prostate

Name of operation Prostatectomy Date of 3/8/37

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?
If so, specify

(Signed) Warren G. Marston, M. D.

(Address) 607 N. Grand.

University Club Bldg