

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis (No. 2601 N Whittier)

File No. 25798
Registered No. 6972
St. Ward)

2. FULL NAME Luisa Mack

(a) Residence, No. 1931 Papin St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1890</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>52</u>	<u>47</u>	<u>0</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</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) St. Louis
(STATE OR COUNTRY) Missouri13. NAME Thomas McNeil14. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)15. MAIDEN NAME Cordelia Woods16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Cella Rose
(ADDRESS) 2501 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 23, 193719. UNDERTAKER J. H. Harrison
(ADDRESS) 27906 Eggen20. FILE JUL 24 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 19 3722. I HEREBY CERTIFY, That I attended deceased from June 20, 19 37, to July 21, 19 37I last saw him alive on July 21, 19 37. 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:

Hypertensive heart diseaseDate of onset
6/20/37

Other contributory causes of importance:

Diabetes MellitusName of operation Date of
What test confirmed diagnosis? clinical. Was there an autopsy? no23. 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) A. J. Lewis, M. D.(Address) 2601 N Whittier

Registrar.

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.

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