

SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint LouisRegistration District No. 1123Township CarondeletPrimary Registration District No. 6248 BCity Jefferson Barracks (No. V. A. F.)File No. 31832Registered No. 320

St. _____ Ward _____

2. FULL NAME Karl J. JACK

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Unkn.

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth? _____

yrs. _____

mos. _____

ds. _____

R. #2, Troy, Missouri.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mrs. Birdie Jack

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

January 9, 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

44629

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

Truck Driver

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

Unknown

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)

Saint Louis Missouri

13. NAME

John Jack

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

Unknown Germany

15. MAIDEN NAME

Mollie Lang

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

Saint Louis Missouri

17. INFORMANT

(ADDRESS) Clinical Clerk M. Schellig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy TroDATE Aug 12 1937

19. UNDERTAKER

(ADDRESS) Math Hermann 2161 E 79th

20. FILED

Aug. 9 1937Mrs. Gladys Novory Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8 193722. I HEREBY CERTIFY, That I attended deceased from August 6 1937, to August 8 1937I last saw him alive on August 8 1937. Death is saidto have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:Uremia, secondary to chronic nephritis with nitrogen retention Date of onset 8-6-37Other contributory causes of importance:
Marked Hypertension 12/1 8-6-37Name of operation Supra-pubic exploratory 8-7-37
Physiological, manual, and laboratory Phy. Clin. Gal. Manif. and LaboratoryWhat 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 all(Signed) C. H. HUGHES, Chief Med. Off., M. D.(Address) VAF Jefferson Barracks, Mo.

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.

