

JAN 24 1938

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

Do not use this space.

46636

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Conhonne Primary Registration District No. 6031
City Manchester (No. Manchester Nursing Home) St. _____ Ward _____

File No. _____
Registered No. 174

2. FULL NAME Lawrence Sack Sr.

(a) Residence, No. _____ Manchester Nursing Home, Ward _____
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 3 14

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

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, Missouri
(STATE OR COUNTRY)

13. NAME John Sack

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

15. MAIDEN NAME unknown

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

17. INFORMANT Miss Matilda Sack
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE December 16, 1937

19. UNDERTAKER Geo. L. Pleitch, Inc.
(ADDRESS) 5946 Eastern Ave.

20. FILED 12-16-37 Agnes C. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1937

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1931, to Dec. 14, 1937

I last saw him alive on December 13, 1937. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

1. Chronic myocarditis (Heart stroke)
Chronic nephritis

Other contributory causes of importance Senility

Name of operation none Date of _____

What test confirmed diagnosis? Physic 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) B. R. Loving, M. D.
(Address) Ballwin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

