

JUL 18 1939

AUG 7 1939

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

26764  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1293  
 (c) City Clayton or Clayton (d) Street No. St. Louis County Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2nd George Mack  
 (a) Residence, No. 7905 Bruno, Richmond Heights, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 10 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Arkansas

FATHER  
 13. NAME Warren Mack  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER  
 15. MAIDEN NAME Harriet Combs  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT wife, Viola Mack  
 (ADDRESS) 7905 Bruno, Richmond Hts., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. A. Green  
2915 1/2 Franklin

20. FILED JUL 18 1939 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/17/39, 19, to 7/15/39, 19.  
 I last saw him alive on 7/15/39, 19. Death is said to have occurred on the date stated above, at 2:35 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Post-operative bronchial pneumonia  
atelectasis of left lung?  
107 ca  
 Other contributory causes of importance:  
Bronchiectasis  
P.O. lobectomy  
years  
 Name of operation Lobectomy Date of 7/12/39  
 What test confirmed diagnosis? Examination of sputum 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? No  
 If so, specify  
 (Signed) Milton A. Spitt, M. D.  
 (Address) St. Louis County Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

(Licensed Embalmer's Statement on Reverse Slide)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*J. A. Green*  
.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. A. Green*  
.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**-If this body is not embalmed, above space should be left blank.**