S. No. 2
M—4-13-40
R. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12015

FILED APR 6 1942

Registration District No. 1824 Primary Registration District No. 20 Registrar's No. 734

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 11/8/41 (Specify whether years, months or days)
In this community Since 11/8/41

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 999
(c) City or town: Jacksonville (If outside city or town limits, write "RURAL") 11
(d) Street No.: 430 East Chamber Street (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? — years. 2

3. (a) PRINT FULL NAME: Oliver Mack

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: None.

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: —

6. (c) Age of ~~husband or~~ wife if alive: — years

7. Birth date of deceased: March (Month) 3, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	28	hr. min.

9. Birthplace: Jacksonville, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Radio Service Man

11. Industry or business: —

FATHER
12. Name: Jim Mack
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Fannie Tattridge
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Jacksonville, Ill.

18. (a) Signature of funeral director: Fred R. Bailey
(b) Address: Jacksonville, Ill.

19. (a) APR 1 1942 (Date received local registrar) (b) C. L. McHenry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st, year 1942 hour 11:05 minute a. M.

21. I hereby certify that I attended the deceased from November 8, 1941, to April 1, 1942, that I last saw him alive on April 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the prostate with metastases to lungs, pelvis and spine. — Duration: Unknown

Due to: —

Due to: —

Other conditions: — (Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): NO
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer Date signed 4/1/42.

107 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

..... Registered Apprentice No. .....,

working under my personal supervision.

Body is not Embalmed

Signed Fred R Bailey

Licensed Embalmer No. 3469

P. O. Address Jacksonville Ill

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, fact should be so stated above.