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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16620

Primary Registration District No. 1003

Registrar's No. 4292

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS. MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1415 WALTON AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 176
(c) City or town ST. LOUIS. 96
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 WALTON AVE
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT GRANT SACK.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CATHERINE NOONAN SACK.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased JULY (Month) 21 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
46.	9	23.	hr. min.

9. Birthplace MO. (City, town, or county) O (State or foreign country)
10. Usual occupation FIREMAN
11. Industry or business CITY FIRE DEPT.
FATHER 12. Name CHAS. SACK.
13. Birthplace MO (City, town, or county) O (State or foreign country)
MOTHER 14. Maiden name CATHERINE CROPER
15. Birthplace TENN (City, town, or county) 1 (State or foreign country)
16. (a) Informant Catherine Sack.
(b) Address 1415 WALTON AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD.
19. (a) MAY 15 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1942 hour 6:45 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis
Due to 9H
Due to 9H
Other conditions (Include pregnancy within 3 months of death) 9H
Major findings:
Of operations
Of 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)
(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 Alfred Perry (M. D. or other)
Address Department of Health Date signed 5/15/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed. H G Farris

Licensed Embalmer No. 3384

P. O. Address. St Louis

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.