

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Terminal Hotel 1220 Market
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Joseph R. Sack

3. (b) If veteran, name war..... ***** 3. (c) Social Security No. 702-12-4587

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Marie Sack 6. (c) Age of husband or wife if alive..... 42 years

7. Birth date of deceased..... September 10 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 7 23 hr. 0 min.

9. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Asst. General Foreman

11. Industry or business..... Terminal R.R.

MOTHER FATHER { 12. Name..... Henry Sack
13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... Catherine Fahy
15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Marie Sack
(b) Address..... 3519 Vista Ave

17. (a) Burial (b) Date thereof..... May 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Peetz Brothers
(b) Address..... 3029 Lafayette Ave

19. (a) MAY 5 1943 J. F. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day May
year..... 1943 hour 10:00 minute..... P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion
Coronary Sclerosis

Other conditions.....
(Include pregnancy within 6 months of death)

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?

While at work?..... (Specify type of place) (b) Means of injury.....

23. Signature..... Thomas F. Callahan (M. D. or other)
Address..... Deputy Coroner Date signed..... 5-47

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.....

Francis J. Quinn

Licensed Embalmer No.

2245

P. O. Address.....

St. Louis, Mo

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.