

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39179  
Registrar's No. 2646

FILED DEC 4 1943 317  
Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Old Peoples' Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9yr. 11mo. 11da  
(Specify whether  
In this community 9yr. 11mo. 11da.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 6600 Washington Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Miss Ollie Pack

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased August 22 1867  
(Month) (Day) (Year)

8. AGE: 76 Years 3 Months 5 Days If less than one day hr. min.

9. Birthplace Tazewell Co. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Crockett Calvin Pack

12. Name Tazewell Co. Va.  
13. Birthplace Kennett Brewster  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Craig  
15. Birthplace Tazewell Co. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Craig  
(b) Address 6600 Washington Ave.

17. (a) Burial (b) Date thereof 11/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) NOV 30 1943 (b) E. G. Mc Garrison, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan - 72  
1943, to Nov - 27, 1943

that I last saw her alive on Nov. 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carmining of Stomach Duration

Due to ?

Due to

Other conditions (Include pregnancy within 3 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) (e) Means of injury.....

23. Signature E. G. Mc Garrison (M. D. or other)  
Address 607 N. Grand St. Date signed 11-28-43

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

MOTHER FATHER

**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 *Albert G. Koffe*.....  
Licensed Embalmer No. *2971*.....  
P. O. Address.....

**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.**