

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

FILED JUN 9 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4922

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Missouri 17
(If outside city or town limits, write "RURAL") 921
(d) Street No. 2030 Franklin
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Joseph Mack

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race 2 Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 22, 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 1 If less than one day
hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation *nil*

11. Industry or business

12. Name John Mack

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Cora James

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. *Anatomical* Date thereof *5-27-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Whittier*

18. (a) Signature of funeral director *J. F. Brundage*

(b) Address *3508 Olive St*

19. (a) MAY 29 1944 (b) *J. F. Brundage*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23, 1944
year 1944 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 6, 1944 to May 23, 1944;
that I last saw him alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-vascular disease Duration Unk.

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) (c) Means of injury 0

23. Signature *Alva Macke* (M. D. or other)

Address *2601 Whittier* Date signed *5/25/44*

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.....

Licensed Embalmer No.....

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.