V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25686

FILED JUL 24 1944

Registration District No. 3

Primary Registration District No. 3070

Registrar's No. 1540

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 30 IOLA - DRIVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 17 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES. (If outside city or town limits, write "RURAL")

(d) Street No. 30 IOLA DRIVE (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME BURT MASKELL JACK

3. (b) If veteran, name war NO

3. (c) Social Security No 491-16-6204

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ROXANA M JACK

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JULY-17-1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	0	— hr. — min.

9. Birthplace TOLEDO (City, town, or county) OHIO (State or foreign country) 1

10. Usual occupation EXPIDATOR.

11. Industry or business CENTUARY ELECTRIC Co

FATHER
12. Name JAMES A JACK 1
13. Birthplace DETROIT (City, town, or county) MICHIGAN (State or foreign country)

MOTHER
14. Maiden name HARRIETT ANN RILEY 1
15. Birthplace DETROIT (City, town, or county) MICHIGAN (State or foreign country)

16. (a) Informant Mrs. Roxana M. Jack

(b) Address 30 IOLA. DRIVE W.G.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-19-1944 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES. MO.

19. (a) JUL 20 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from years, 19, to, 19; that I last saw him alive on 7/17/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Dis. Heart — Duration Yrs.

Due to

Due to

Other conditions Asthma - Hypertens. (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

93 21

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) none

(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 Frank P. Gaunt (M. D. or other) M.D.

Address 13a N. Gore, Webster Groves Mo. Date signed 7/18/44

707 (Licensed Embalmer's Statement on Reverse Side)

Gaunt

SEP 25 1944

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.