

S. No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1003
11486
State File No. 2750

Registration District No. Primary Registration District No. Registrar's No. 2750

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:
5820 W. Florissant Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5820 W. Florissant Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur J. Nack
3. (b) If veteran, name war World #1 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 Caroline (Lee) Nack 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 19, 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20th year 1946 hour 11:00 P. M. 11:00 A. M.
21. I hereby certify that I attended the deceased from Dec 3rd 40 to 3/20 46
that I last saw him alive on 3/20 46
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Ess. Hypertension
Duration 6 yrs

8. AGE: Years Months Days If less than one day
57 10 2 hr. min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business _____
MOTHER FATHER { 12. Name Joseph Nack
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Kattie Weitkamp
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Caroline Nack
(b) Address 5820 W. Florissant Ave
17. (a) Burial (b) Date thereof 3/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAR 23 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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 _____
Signature Saint Ebro (M. D. or other) MD
Address 5329 Ruyter Date signed 3/22/46
SH Leibow

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

10038

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 William St. Bushby

Licensed Embalmer No. 2110 J

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.