

FILED JUN 6 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. **18680**
Registrar's No. **4861**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4012a So. Broadway,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Louis P. Mack,

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 488-03-9317

4. Sex Male, 5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Tillie Mack,
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased September 7, 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Auto Repair Business,

11. Industry or business Fred Mayer Filling Station,

12. Name Charles Mack,

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

14. Maiden name Magdalena Bour,

15. Birthplace Alsace Lorraine,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tillie Mack,

(b) Address 4012a So. Broadway,

17. (a) Burial, (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2848 Veramec St.,

19. (a) MAY 31 1946 (b) J. Bredick
(Date received by Registrar) (Registrar's signature)

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. 4012a So. Broadway,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1946 hour 5:00 minute 5 M.

21. I hereby certify that I attended the deceased from 5/29/46 to 5/29/46
that I last saw him alive on 5/29/46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 5 yrs

Due to 94

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(a) Means of injury _____

23. Signature E. D. Edwards (M. D. or other)

Address 4030 Chouteau Ave Date signed 5/30/46

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

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.....me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lorion E. Percy
Licensed Embalmer No. 4094
P. O. Address 2842 Meramec St.,
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.