

FILED JUL 26 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6434

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr; 2 mos; 5 days
(Specify whether)

In this community 28 yrs
years, months or days)

3. (a) PRINT FULL NAME James Mack

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE 5. Color or race Col

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 May 1 1913
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day

33 2 20 hr. min.

9. Birthplace Abbean Miss
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

MOTHER FATHER

11. Industry or business.....

12. Name James Mack

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

14. Maiden name Therese Mack

15. Birthplace Abbean Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Mack

(b) Address 2727 St Papin

17. (a) buried (b) Date thereof July 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation only date

18. (a) Signature of funeral director J. Watson

(b) Address 2769 St. Louis

19. (a) JUL 22 1946 (b) J. J. Bredek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County oai

(c) City or town St Louis 22 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2722 Papin
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 9

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1946 hour 9 minute 40 P.

21. I hereby certify that I attended the deceased from May 12, 19 45 to July 17, 19 46
that I last saw him alive on July 17, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Far-Advanced Pulmonary Tuberculosis Duration Unk

Due to.....

Due to.....

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

13

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. B. Nielson (M. D. cr)
Address 2601 N Whittier St Date signed 7-22-46

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.....

....., 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.