S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43297

Primary Registration District No. 1003

Registrar's No. 11327

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: 1412 Cass Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 Cass Avenue 9
25 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOSEPH MACK

3. (b) If veteran, name war None

3. (c) Social Security No. 489-12-3401

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Mack

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December (Month) 20 (Day) 1907 (Year)

8. AGE: Years 39 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Hazen (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Chef Cook

11. Industry or business St. Louis-San Francisco R.R. Co.

FATHER
12. Name David Mack
13. Birthplace Nonu County (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Pearl Hancock
15. Birthplace Byhdlian (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Clara Mack
(b) Address 1412 Cass Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation HAZINGA RK.

18. (a) Signature of funeral director Ernest Davies
(b) Address 3506 Franklin Avenue

19. (a) DEC 11 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1947 hour 11:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lobar Pneumonia
Due to
Due to
Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert E. Dry (M. D. or other)
Address Dry Date signed 12/11/47

(Licensed Embalmer's Statement on Reverse Side)

Embalmer separate cert to be filed DEC 1 1 1947

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.