

Registration District No. **318** Primary Registration District No. **1003**

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Mack
 3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Fema 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Mack 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Oct. 10, 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Mack

(b) Address 1926 Delmar

17. (a) Burial (b) Date thereof Dec. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-51 Cole Street

19. (a) DEC 28 1948 (b) J. B. Sasser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1926 Delmar
(If rural, give location)
 (e) Citizen of foreign country? 21 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
 year 1948 hour 2 minute 40 AM.

21. I hereby certify that I attended the deceased from 12-20, 1948, to 12-27, 1948
 that I last saw her alive on 12-26, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension

Due to _____
 Other conditions _____
(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? _____

23. Signature J. B. Sasser (M. D. or other)
 Address 110 Jefferson Date signed 12-27-48

Duration

48 hrs

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

W. Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

4575 Alhine

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.