No. 300
10.48

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22103 5675

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4340 Delor St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 215
d. STREET ADDRESS (If rural, give location): 4340 Delor St

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Henry c. (Last) Wack

4. DATE OF DEATH (Month) (Day) (Year): 6-28-1950

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 5-20-1869

9. AGE (In years last birthday): 81 | If under 1 year: Months: Days: | If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Brewery Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Wack

13b. MOTHER'S MAIDEN NAME: Elizabeth

14. NAME OF HUSBAND OR WIFE: Minnie Wack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 489-14-5576

17. INFORMANT'S SIGNATURE OR NAME: Minnie Wack ADDRESS: 4340 Delor St

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteria Sclerosis — 10 yrs

DUE TO (c) General Arteria Sclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: H20.1

22. *I hereby certify that I attended the deceased from* June 14th, 1940, *to* June 28, 1950 *that I last saw the deceased alive on* June 24 1950, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: William Baron (Degree or title) M.D.

23b. ADDRESS: 3601 S Jefferson

23c. DATE SIGNED: 6-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-1-1950

24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

24d. LOCATION (City, town, or county) (State): 10108 Gravois Road Mo

DATE REC'D BY LOCAL REG. JUN 30 1950

REGISTRAR'S SIGNATURE: J. A. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: Siegenheim Bros ADDRESS: 6409 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

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

3 to 4

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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed William L. Salton

Licensed Embalmer No. 4699

P. O. Address St. Charles 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.