

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43153

State File No. \_\_\_\_\_

JAN 16 1957

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Registrar's No. 11547

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>22</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3325 S. 7<sup>th</sup> ST.</u>				d. STREET ADDRESS (If rural, give location) <u>3325 S. 7<sup>th</sup> ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JACOB</u>		b. (Middle) _____		c. (Last) <u>MACK</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>26</u>		(Year) <u>57</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED - NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>FEB. 24 - 1879</u>	
9. AGE (In years last birthday)		10. MONTHS		11. YEARS		12. IF UNDER 12 HRS. MIN.	
<u>72 YRS</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Great Western Paper Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS Mo</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Mack</u>		13b. MOTHER'S MAIDEN NAME <u>EVA WALTHER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH MACK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Mack</u>			
				ADDRESS <u>3429 Louisiana Av</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>						<u>5 years</u>	
DUE TO (c) <u>Myocardial Disease</u>						<u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O1</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>46</u> , to <u>Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 7</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Phil. Gardner M.D.</u>				23b. ADDRESS <u>3903 Olive St. St. Louis 818</u>		23c. DATE SIGNED <u>12/27/51</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER &amp; PAUL Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 27 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schurer</u>			
				ADDRESS <u>3125 Lafayette Av.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Joe Blalmer*

Licensed Embalmer No. *11914*

P. O. Address *3125 Lafayette*

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.