

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1957

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State File No. 42311

Registrar's No. 10817

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY ST. LOUIS-MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ST. LOUIS-MO b. COUNTY			
b. CITY OR TOWN ST LOUIS MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3625 Page.				e. STREET ADDRESS (If rural, give location) 11 3625 PAGE			
3. NAME OF DECEASED (Type or Print) KINNIE MACK			4. DATE OF DEATH (Month) (Day) (Year) 11 11 57				
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-3-1895 (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER.		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LINNIE MACK SR.		13b. MOTHER'S MAIDEN NAME HATTIE MACK		14. NAME OF HUSBAND OR WIFE ELLA MACK WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. 499-03-0722		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS ELLA RICHARDSON PAGE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonia					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491x					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8:30 A.M. to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 1300 E. ...		23c. DATE SIGNED 11/12/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-15-57		24c. NAME OF CEMETERY OR CREMATORY FATHER DIXON		24d. LOCATION (City, town, or county) (State) ST LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. NOV 13 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE 3615 Eastern			

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.....
Signature of Student Embalmer

Signed *Leroy H. Bannister*.....

Licensed Embalmer No. *4523*.....

P. O. Address *7257 W. Highway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.