

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015412
STATE FILE NUMBER

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3923

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis,</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Alverne Hotel 1014 Locust St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles F. A. Mack</u>						4. DATE OF DEATH Month Day Year <u>April 23, 1961.</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/25/1876</u>		9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator-Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 2 years</u>		11. BIRTHPLACE (City and state or country) <u>Saginaw, Michigan</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Charles Mack</u>				13b. MOTHER'S MAIDEN NAME <u>Magdalena Goetz</u>				14. NAME OF HUSBAND OR WIFE <u>Elizabeth S. Mack (Dec'd)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>						17. INFORMANT Address <u>Mrs. Angela Mack Buchanan 1025 Glenmoor Glendale, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Haemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Purpura haemorrhagica</u>													
DUE TO (c) <u>296x</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis Chronic Cerebrovascular disease</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from <u>1952</u> to <u>April 23 61</u> and last saw him alive on <u>April 22 61</u> Death occurred at <u>7:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Paul R. White M.D.</u>						22b. ADDRESS <u>721 Olive St. St. Louis, Mo</u>			22c. DATE SIGNED <u>4-23-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>April 26, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>			(State)			
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u>				ADDRESS <u>2842 Meramec St. St. Louis, 18, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 25 1961</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>					

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 Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.