

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

**791
1008**

8957
Do not use this space.

APR 12 1939

1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 or St. Louis, Mo. / (c) City..... (d) Street No. 2623 Sullivan Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 2722

2. PRINT FULL NAME ^{2A7} Mr. Jacob J. Nack
 (a) Residence, No. 2623 Sullivan Ave. St. 20
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 81 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Jacob Nack

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Ruemmler

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank Nack (ADDRESS) 2623 Sullivan Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Mar. 24-36

19. FUNERAL DIRECTOR (NAME) Henry Leidner (ADDRESS) 1417 N. Market St.

20. FILED MAR 23 1939 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 22-39

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1938 to March 22, 1939
 I last saw him alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at 7:20 a. m.
 The principal cause of death and related causes of importance were as follows:

Hypertension
 general arteriosclerosis
 Chronic nephritis
 Date of onset 1 yr.
 1 yr.

Other contributory causes of importance: Chronic nephritis yr.

Name of operation lat Date of...
 What test confirmed diagnosis? lat Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Doctor Sundance M. D.
 (Signed) (Address) 2202 University Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM I X 16405

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..... *James L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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, above space should be left blank.