

APR 3 - 1939 APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12319
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. _____ Registered No. 604
(c) City Richmond Heights (d) Street No. St. Marys Hospital 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. (If How long in U. S., if of foreign birth? yrs. mos. ds.)
2. PRINT FULL NAME Clara W. Nowack
(a) Residence, No. Raymond Ave. St. Pattersonville, Mo.
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Nowack
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Metal Polisher
9. Industry or business in which work was done, as saw mill, bank, etc. City Plating Co.
10. Date deceased last worked at this occupation (month and year) 2/4/39 11. Total time (years) spent in this occupation 8 yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.
13. NAME Albert Nowack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.
15. MAIDEN NAME Sda Prude
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.
17. INFORMANT (ADDRESS) Myrtle Nowack
Pattersonville, Mo.
18. BURIAL (CREMATION OR REMOVAL) PLACE St. Charles, Mo. DATE 4-5-39
19. FUNERAL DIRECTOR (ADDRESS) Clayman Bros. Inc.
2504 Woodson St. Overland, Mo.
20. FILED APR 3 - 1939 St. Marys Hospital
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1939, to 4-2, 1939
I last saw him alive on 4-1, 1939. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma pancreas
46
Other contributory causes of importance:
Metastases to Liver
Name of operation yes - Cholecystomy Date of 4-1
What test confirmed diagnosis? _____ Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Immersion
(Signed) _____, M. D.
(Address) 607 no grand.

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)