

S. No. 2  
M-5-42  
v. 5-1-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16457

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

MAY 18 1943

1003

Registrar's No. 4329

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1731 8636 Potomac  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 mo  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
(c) City or town Rural-Linn  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin Margus Pack

3. (b) If veteran, name war No 3. (c) Social Security No. 490-05-7513

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1943 hour 11 minute 45 P.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theresa Marie Pack 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 2 - 1878  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Chronic Interstitial Nephritis  
Due to 131/5  
Due to \_\_\_\_\_

8. AGE: Years 64 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osage County  
(City, town, or county) (State or foreign country)

10. Usual occupation Government worker

11. Industry or business River work

12. Name St. Louis Pack

13. Birthplace Osage  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Bour

15. Birthplace Osage County  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Nelson Pack  
(b) Address 2610 Cass Ave

17. (a) Removal (b) Date thereof 5-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Vernon Maston  
(b) Address Linn Mo. Bredeck

19. (a) MAY 10 1943 (b) \_\_\_\_\_  
(Date filed and local registration) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

22. Signature Alfred Perry (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 5/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Embalmer's separate cert to be filed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**