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

Do not use this space.

10586

1. PLACE OF DEATH
County St Louis Registration District No. 1170
Township File No.
Primary Registration District No. 6248H Registered No. 75
City St Louis (No. St. Marys St. Ward)

2. FULL NAME Grace Hake
(a) Residence. No. 914 Goodfellow St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Roland Hake

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15 1896

7. AGE: Years 31 | Months 11 | Days 9 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Thomas J. Cameron
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Rose Schneider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: R. Hake
(Address): 914 Goodfellow

15. FILED 3/25, 1928 C. L. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch. 16, 1928, to Mch. 24, 1928, that I last saw he alive on Mch. 24, 1928, and that death occurred, on the date stated above, at 11-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following Cholecystectomy & Appendectomy Mch. 24.
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Cholecystitis, Chr. appendicitis.
(duration) (?) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mch 22
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Gall Bladder

(Signed) H. T. Lyon, M. D
3/24, 1928 (Address) Missouri Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: Mch 27 1928

20. UNDERTAKER: Wm A Paschedag
ADDRESS: 2825 No Grand Ave

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.

R 28 1928