P 27 1928

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

Do not use this space.

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

1. PLACE OF DEATH

County: W. W. Louis — Registration District No.: 789 — File No.: 28392

Central Township: ~~West~~ Walnut Manor — Primary Registration District No.: 60338 — Registered No.: 247

City: ..... (No. 5530, Janet Ave St. ..... Ward)

2. FULL NAME William E. Hake

(a) Residence. No. 5530 Janet St., ... Ward. .....
(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: 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: Alice Hake

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 10, 1860

7. AGE: 67 Years — Months: 7 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Wm F. Hake
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Alice Hake
(Address) 5530 Janet Ave

15. FILED 8/9, 1928 Nella Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Aug 8, 1928, that I last saw him alive on Aug 8, 1928, and that death occurred, on the date stated above, at 1:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial nephritis
191
990 | 2 | 7 | 0
not known (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis
not known (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Finding

(Signed) Albert Wall, M.D.
8/9, 1928 (Address) 5322 Helen Ave

*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: Valhalla Cemetery — DATE OF BURIAL: Aug 10 1928

20. UNDERTAKER: Diehmann Harrel — ADDRESS: 1905 Union

5322 Helen

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