JUN 27 1930

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

Do not use this space.

17218

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B. Registered No. 160

City JEFFERSON BARRACKS (No. Missouri., U.S.Veterans Hospital. St. Ward)

2. FULL NAME Joseph A. Thake

(a) Residence. No. 4527 Pennsylvania Ave. St., St.Louis, Missouri. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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 Mrs. Stella Thake

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
36	36	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe worker
(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) Missouri

PARENTS

10. NAME OF FATHER: Unavailable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Catherine Pranger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Germany

14. INFORMANT C. H. SMITH, M.D. Clinical Director (Address) U.S.Vet. Hosp. Jefferson Barracks, Mo.

15. FILED 5/23 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1930, to May 21, 1930 that I last saw him alive on May 21, 1930, and that death occurred, on the date stated above, at 2:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Meningitis

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, physical and laboratory findings

(Signed) W. C. GIBSON, Medical Officer M.D.
, 19 (Address) U.S.Vet.Hosp. Jefferson Brks, Mo.

*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: National Cem. DATE OF BURIAL: May 24 1930

20. UNDERTAKER: Central Fund Co. ADDRESS: 5401 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.