

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

Do not use this space.

26995

701
1003

1. PLACE OF DEATH

County ST. LOUIS
Township _____
City ST. LOUIS (No. 500)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 8198
St. _____ Ward _____

2. FULL NAME Jeannine Sake

(a) Residence No. 5221 Davison St. 7 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-2-28</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>9</u>
	DAY <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>None</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS,
(STATE OR COUNTRY) MO

PARENTS	10. NAME OF FATHER <u>William Sake</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>MO</u>
	12. MAIDEN NAME OF MOTHER <u>Emma Rathjen</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>ST. LOUIS</u> (STATE OR COUNTRY) <u>MO</u>

14. INFORMANT J. McIhvin
(Address) 500 S. Kings Highway

15. FILED 27 1931
W. C. Stankley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1931

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to July 23, 1931, that I last saw him alive on July 23, 1931, and that death occurred, on the date stated above, at 9:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the Meninges
20 (duration) yrs. mos. 20 ds.
CONTRIBUTORY Tuberculosis of the vertebral
(SECONDARY) column (duration) 2 yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 5221 Davison

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Alexis F. Hartmann, M. D.

July 24, 1931 (Address) 500 S Kings Highway
*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 Friedens Cemetery DATE OF BURIAL July 27 1931

20. UNDERTAKER Drehmann Haval ADDRESS 1905 Union

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.

