

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.

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

Do not use this space.

20735

1. PLACE OF DEATH
 County St. Louis Registration District No. 490
 Township Central Primary Registration District No. 6033
 City La Platte (No. st. Louis county, dist.) St. _____ Ward _____

2. FULL NAME Thomas Zake
 (a) Residence, No. St. Louis Country Club St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 55 yrs

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 231
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. L. Country Club
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

FATHER
 13. NAME Stanley Zake
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
 15. MAIDEN NAME Frances Lewinski
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Stanley Zake
Wolover Ave - Chatham, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 6-9- 1932

19. UNDERTAKER (ADDRESS) B. B. Berman Bros.
Overland, Mo.

20. FILED June 8, 1932 Will Silliman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Fractured femur
Shot by firearm 6/1/32
10/17
 Other contributory causes of importance:
Gunshot wound of head.
5
6/1/32

Name of operation _____ Date of _____
 What test confirmed diagnosis Prognosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 9/1/32
 Where did injury occur? Indus. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, home, or in public place.

Manner of injury Public Pl. - (off duty)
 Nature of injury suicide by gunshot
in the wind of body

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John O. Caspell M. D.
 (Address) Crossed - Jefferson County

