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

Do not use this space.

27775

File No.

Registered No. 6790

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No.

City St. Louis Mo (No. 2635 S Kingshighway Blvd. Ward)

2. FULL NAME Paul M. Nake

(a) Residence, No. St., 13 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.

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.

SEP 26 1933

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: Julia Nake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3 1857

7. AGE: Years 76 Months 4 Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own Business

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): Germany

FATHER

13. NAME: Johann Nake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Thomas Davis 2635 Kingshighway

18. BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cemt. DATE Aug 5 1933

19. UNDERTAKER (ADDRESS): Jno J Robert 1905 S Grand Blvd

20. FILED Aug 4 1933 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from now 26, 1932, to Aug 3, 1933

I last saw h. alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma R lung primary	
47	
47	
	years

Other contributory causes of importance: Coronary Sclerosis

Name of operation: no Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury — 12 yrs ago Fracture Hip

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Louis H. Behrens, M. D.

(Address) 102 No Broadway