

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.

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

Do not use this space.

7346

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Ozandeleit Primary Registration District No. 6248 B.
 City Koch (No. Koch Hospital) St. _____ Ward _____

2. FULL NAME Lakins, William E.
 (a) Residence, No. Ozandeleit Shelter St., 117 Main Bldg.
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Sept. 9, 1888

7. AGE YEARS 45 MONTHS 5 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1909 1932 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
 13. NAME Kinch Lakins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Malvina Whitley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 2-2-34

19. UNDERTAKER (ADDRESS) Fringshauser Mortuaries

20. FILED 3/2-1934 Dr. H. H. Tate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Feb 27 1934
 I last saw him alive on 2-27-34 Death is said to have occurred on the date stated above, at 8:20 p.m.
 The principal cause of death and related causes of importance were as follows:
23A Pulmonary Tuberculosis Date of onset aug 1932
Far advanced

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. S. Margolin, M. D.
 (Address) Koch, Mo

