JUN 26 1936

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

Do not use this space.

20556

File No.

Registered No. 59

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City Kirkwood
Registration District No. 785
Primary Registration District No. 3037
(No. 325 W. Adams St. Ward)

2. FULL NAME Eugene C. Thake
(a) Residence, No. 325 W. Adams St., Ward. Kirkwood Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-1852

7. AGE: Years 84 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Chas. Thake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Emily?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Cecelia Muller
(ADDRESS) 325 W. Adams

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE 5-15- 1936

19. UNDERTAKER Louis H. Boyer
(ADDRESS) Kirkwood, Mo.

20. FILED 5/14 1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 13, 1936
I last saw him alive on May 12, 1936. 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:

	Date of onset
Cerebral Arteriosclerosis	July 1935

Other contributory causes of importance:

Angina Pectoris	May 1934

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) D. S. Wells, M. D.
(Address) Kirkwood Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very i

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD