

**JUL 28 1937**

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

Do not use this space.

**1. PLACE OF DEATH**

County **Franklin**  
Township  
City **Washington, Mo.** (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. **297**  
Primary Registration District No. **3016**

File No. **23659**  
Registered No. **57**

**2. FULL NAME Heinrich Julius Armin Hake**

(a) Residence, No. **2nd & Hancock Sts., Washington, Mo.** Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **57** yrs. **9** mos. **13** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Bertha M. Meurry Hake**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 25th, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**57 9 13**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoemaker**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Shoemaking**  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) **Washington**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Johann Louis Hake**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Wilhelmine Hake Laker**

16. BIRTHPLACE (CITY OR TOWN) **Franklin County**  
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **William Hake**  
(ADDRESS) **St. Louis, Missouri**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Washington, Mo.** DATE **June 10th, 1937**

19. UNDERTAKER **Otto & Company**  
(ADDRESS) **Washington, Mo.**

20. FILED **June 9- 1937** **N.A. May Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 5, 1937** to **June 8, 1937**

I last saw him alive on **June 8, 1937** Death is said to have occurred on the date stated above, at **9:45 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Gastric hemorrhage**  
**Cause of Hemorrhage**  
**gastric ulcer**  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
**Bronchial pneumonia**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) **[Signature]**, M. D.  
(Address) **Washington, Missouri**

107a

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Franklin

Registration District No. 297

File No. 23659

Township Washington

Primary Registration District No. 3016

Registered No. 51

City Washington (No. ....) St. .... Ward)

**2. FULL NAME**

Heinrich Julius Armin Hoke

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or ..... min.  
57 9 13

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 9-1937 H.A. May Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1937

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

I last saw h..... 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:

Gastric Hemorrhage  
The cause of the hemorrhage was gastric ulcer.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J.P. West, M. D. (Address) Washington Mo

SUPPLEMENTARY

S-23657