

REC'D NOV 16 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

1003

33809

Do not use this space.

Registered No. 8795

## 1. PLACE OF DEATH

- (a) County..... Registration District No. ....
- (b) Township..... Primary Registration District No. ....
- (c) City..... St. Louis Mo. (d) Street No. .... Lutheran Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Emily Hake

- (a) Residence, No. 1819 Texas Ave. St. 23 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec 13 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
78 9 25

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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) St. Louis Mo.FATHER 13. NAME Herman Hake14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Adelia Suhre  
(ADDRESS) 1819 Texas Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellefontaine DATE Oct 10 193819. FUNERAL DIRECTOR (NAME) Shorluttis  
(ADDRESS) 2806 Gravois Ave.20. FILED OCT 9 1938J. T. Bredek  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th 193822. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to Oct. 7, 1938.I last saw him alive on Oct. 7, 1938. 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:

Carcinoma of CervixPelvic Peritonitis

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes23. 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) R. Berg M. D.  
(Address) 2753 Nebraska Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

THOS. KUTIS.

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Thos Kutis*

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.