

JUN 19 1939

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

Do not use this space.

19984

1. PLACE OF DEATH

County St. Louis
Township Sturley
City Sturley (No. 1)

Registration District No. 846
Primary Registration District No. 6283

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(unmarried) LAKINS

(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 <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 24, 1939</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | <u>1</u> |
| If LESS than 1 day, hrs. or min. | | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>✓</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>✓</u> |
| | 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) Mo. 0

FATHER 13. NAME F. M. Lakins 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Hilda Lane

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

17. INFORMANT (ADDRESS) F. M. Lakins

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Cem. DATE 5-26-39

19. UNDERTAKER (ADDRESS) Home Folks
Sturley, Mo.

20. FILED 6-9-39 49 Number
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from MAY 24, 1939 to MAY 26, 1939
I last saw h. alive on MAY 24, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset 5-24-39
160 lb
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) A. P. Fayette, M. D.
(Address) St. Louis, Mo.

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.

1000-11-3-39-3

RECEIVED

District Health Officer No. 6,

District File Number 6-639-1299

Date Filed JUN 13 1939