No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26328

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1525

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 7/9/41. (Specify whether

In this community Unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 9

(d) Street No. 3524-A North Grand Blvd. (If rural, give location)

(e) Citizen of foreign country? - / (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Aaron J. Lake

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jane

(c) Age of husband or wife if alive - years

7. Birth date of deceased September (Month) 21, (Day) 1880 (Year)

8. AGE: Years 60 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Lawrence County / Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Property Accounts Clerk

11. Industry or business Veterans Administration

FATHER
12. Name John Lake
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pickering
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Olney Ill.

18. (a) Signature of funeral director Math Herman Son

(b) Address 2161 E. Fair Av.

19. (a) JUL 22 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st, year 1941 hour 12:40 minute a. M.

21. I hereby certify that I attended the deceased from July 9, 1941 to July 21, 1941 that I last saw him alive on July 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis, with uremia and edema,	
Due to and Nephrolithiasis, right.	About 6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 7/21/41.

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1941

JUN 15 1949

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Leonard Hampton.....

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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

If this body is not embalmed, fact should be so stated above.