

Registration District No. 701

Primary Registration District No. 1003

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

1. **FILED SEP 17 1941**

(a) County St. Louis MO

(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5845 S LOTUS /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 611
(If outside city or town limits, write "RURAL")

(d) Street No. 5845 S LOTUS
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SYLVESTER F. HAKE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 20, 1941
year 1940 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from 8/10 1941, to 8/20 1941;
that I last saw him alive on 8/19 1941,
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife KATHERINE HAKE

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 10-1857
(Month) (Day) (Year)

Immediate cause of death Organic Valvular heart lesion

Duration 10

8. AGE: Years 84 Months 6 Days 10 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Bronchitis
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation COMMISSION MERCHANT

11. Industry or business RETIRED 20 YEARS

MOTHER FATHER { 12. Name WILLIAM HAKE

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations 022

Of autopsy 122

16. (a) Informant WALTER F. HAKE

(b) Address 5845 S LOTUS

17. (a) BURIAL (b) Date thereof 8-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 HAMILTON AVE

19. (a) AUG 21 1941 (b) J. T. Brueck
(Date of civil registration) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. T. Shaw (M. D. or other) 0
Address 2330 Union Date signed 8/21/41

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..... *Gay W. Wilkinson*

Licensed Embalmer No..... *3878*

P. O. Address.....

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, fact should be so stated above.