

S. No. 2
DM-2-43
v. 5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9527

FILED MAR 20 1944 818

State File No. _____
Registrar's No. 2246

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3922a Lexington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ Life (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3922a Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Erven Eugene Thake
3. (b) If veteran, name war No
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 Elizabeth Thake 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 26, 1875.
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hatter

11. Industry or business Self

12. Name Eugene Charles Thake

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

14. Maiden name Johanna Vossler

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

16. (a) Informant Mrs. Elizabeth Thake

(b) Address 3922a Lexington Ave.

17. (a) Burial (b) Date thereof Mar. 11, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 10 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1944 hour 5 minute a M.

21. I hereby certify that I attended the deceased from January 18, 1944
19 _____ to March 9 19 44
that I last saw him alive on March 9 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Liquefaction

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____
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) _____

(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 Nathan B. [Signature] (M. D. or other) _____

Address 2729 N. Gausman Date signed 3/9/44

210 Lumber Street
Grand Rapids
9-10-1-3 G.P.

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 John A. Mlinar

Licensed Embalmer No. 84186

P. O. Address St. Louis Mo

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.