

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1163 Claytonia Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community life  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Chas. F. Lake

3. (b) If veteran, name war World 3. (c) Social Security No. 492-05-2112

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Sly Lake 6. (c) Age of husband or wife if alive. 25 years

7. Birth date of deceased Sept. 13, 1918  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 9 3 hr. min.

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

10. Usual occupation Asst. office Manager

11. Industry or business Crown Cork and Seal Co.

MOTHER FATHER

12. Name Bernard Lake

13. Birthplace Lively Grove Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name St. Louis Missouri  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Sly Lake

(b) Address 1163 Claytonia Drive

17. (a) Burial (b) Date thereof 6/19/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter and Paul

18. (a) Signature of funeral director Thomas J. Finan

(b) Address 1519 S. Grand Blvd

19. (a) JUN 19 1944 (b) E. J. McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1163 Claytonia Drive  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16, 1944  
year 1 hour A. minute M.

21. I hereby certify that I attended the deceased from June 15, 1944 to June 16, 1944  
that I last saw him alive on June 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 hr.

Due to Pneumonia 2 yrs

Other conditions none

Major findings: Of operations none Of autopsy none

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?

While at work? (Specify type of place) (e) Means of injury 0  
Signature K. J. McLaughlin (M. D. or other) MD  
Address 3316 S Grand Date signed 6-16-44

JUN 24 1944

MAR 27 1945

MAR 29 1945

JUN 7 1944

JUL 9 1944

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 Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washington

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.