S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1946

State File No. 39230

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11289

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: Deaconess Hospital
(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 17

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

(d) Street No. 5803 S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harrison L Hake

3. (b) If veteran, name war none

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 Mrs. Sarah Hake

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

7. Birth date of deceased November 10 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

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

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

16. (a) Informant Mrs. Sarah Hake

(b) Address 5803 S. Kingshaighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetey

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 24 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

8 x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 22
year 1945 hour 6:45 PM. minute M.

21. I hereby certify that I attended the deceased from Nov 19th, 1945, to Dec 22, 1945
that I last saw him alive on Dec 22, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	2 wks
Due to Obesity: Fatty Myocardium	
Due to	
Other conditions Strangulated Hernia repaired Nov 19th 1945 (Include pregnancy within 3 months of death)	

Major findings: Of operations Strangulated Hernia but no intestinal gangrene

Of 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)

(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 Arnold G Klein (M. D. or other) MD

Address 2632 S. Kingshighway Date signed 12/23/45

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 7923 St. Louis Av

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.