V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

#51339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 85118

Registration District No. _____ Primary Registration District No. 1003. Registrar's No. 10696

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16

(d) Street No. 5414 Wabada Ave. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN LAKE

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-01-3459

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jennie Lake

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

7. Birth date of deceased Aug. (Month) 5 (Day) 1903 (Year)

8. AGE: Years 42 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

FATHER 12. Name John Lake

13. Birthplace _____ (City, town, or county) N. Y. (State or foreign country)

MOTHER 14. Maiden name Mary Alice Blake

15. Birthplace _____ (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant Thomas Lake

(b) Address 5414 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 10 1945 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1945 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from 12/7/45, 19__, to 12/8/45, 19__; that I last saw him alive on 12/8/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Laennec's Cirrhosis of liver — Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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 Herbert C. Gitz (M. D. or other)

Address 1515 Lafayette Date signed 12/8/45

(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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.