

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7492**
Registrar's No. **1542**

FILED FEB 18 1946

Registration District No. **1003**
Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6442

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(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
(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 ST. LOUIS **96**
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **NR 90**
(d) Street No. 3437 Oakdale Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR HAKE
3. (b) If veteran, name war None 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 1, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11th
year 1946 hour 7:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1/7/46
to 2/11/46, 19____ to _____, 19____
that I last saw h. in alive on 2/11/46, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 5 10 hr. _____ min.

Immediate cause of death Carcinoma of
esophagus & metastases
Due to _____
Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business _____
MOTHER FATHER { 12. Name Sylvester F. Hake
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Maley
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Major findings: Same
Of operations _____
Of autopsy Same
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter F. Hake
(b) Address 3437 Oakdale Ave
17. (a) Burial (b) Date thereof 2/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) FEB 14 1946 (b) _____
(Date received local registrar) (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?
23. Signature M. H. Lafayette 2/13/46
(Specify type of place) (M. D. or other)
Address 1515 Lafayette Date signed _____

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

William E. Burkholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis 945

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.