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7-39
K47070

FILED FEB 28 1948

318

1003

Registration District No.

Primary Registration District No.

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:
4638 Adkins 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.....
years, months or days)

3. (a) PRINT FULL NAME Mary E. Lake,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife William B. Lake, 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 11, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 -0- hr. min.

9. Birthplace Hecker, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

12. Name Henry P. Kaiser,

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

14. Maiden name Elizabeth Reneker,

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

16. (a) Informant William B. Lake,

(b) Address 4638 Adkins Ave.,

17. (a) Burial Removal (b) Date thereof 2/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem. Red Bud,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) EEB 13 1948 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Osage
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4638 Adkins Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1948 hour 12: minute 35 P. M.

21. I hereby certify that I attended the deceased from 7.3.43 1943 to 2.11.48 1948
that I last saw h. er alive on 2.11.48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis Duration 2 hrs
Due to Periphrigal vascular disease. 5 yrs
Due to Sclero. Verma. 570

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

Major findings. Of operations. PH
Of autopsy. PH
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 Julius Cha. Kalla (M. D. or other) M.D.
Address 2603 Cherokee Date signed 2.13.48

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

MOTHER FATHER

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..... me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4249

P. O. Address..... 2842 Meramec St.,
St. Louis, 18, 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.