

National Office of Vital Statistics
FILED AUG 13 1948

Registration District No. **257**

Primary Registration District No. **731-6076**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **St Louis**
 (b) City or town **Affton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **9402 LaVerne**
(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 **Mo** (b) County **St Louis**
 (c) City or town **Affton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **9402 LaVerne**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Horace C Lake**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **30**
 year **1948** hour **12** minute **30** a. M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Tessie** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec 3 1897**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 27 1948** to **July 30 1948**
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary thrombosis 3hs**
Duration

8. AGE: Years **50** Months **7** Days **27** If less than one day _____ hr. _____ min.

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

9. Birthplace **Ogden Utah**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Mfg Chem**

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name **Wm B Lake**
 13. Birthplace **Utah**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Henniger**
 15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause of which death should be charged statistically.

16. (a) Informant **Tessie Lake**
 (b) Address **9402 LaVerne**
 17. (a) **Burial** (b) Date thereof **8/2/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sunset Burial Park**

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? _____ Means of injury _____

18. (a) Signature of funeral director **J L Ziegenhein & Sons**
 (b) Address **7027 Gravois**
 19. (a) **7-31-48** (b) **Gene A. [Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **[Signature]**
 Address **2753 4th St** Date signed **7/30/48**

WRITE PLAINLY—USING 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 _____

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

Signed Frank Owens

Licensed Embalmer No. 2245

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.