

FILED NOV 21 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38953
 State File No. 9460
 Registrar's No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Missouri		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If rural, give location) 26 - 1521a N 9th Street	
3. NAME OF DECEASED a. (First) Charles b. (Middle) Peter c. (Last) Lakas			4. DATE OF DEATH (Month) (Day) (Year) Oct 29 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Abt 1884
9. AGE (In years last birthday) Abt 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Charles P Lakas		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Amanda
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Wooster 2313 Gravois Av			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center">Fr a cause dislocation of 1st cervical vertebra with cord injury suffered about 4:08 P.M. Oct. 29, 1949 when deceased was struck with fist by one Joseph Errol Hughes, causing deceased to fall down 13 wooden steps leading to the rear yard of 1521 N. 9th Street. MANSLAUGHTER</p>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Manslaughter	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo / 66	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 29 49 4:08 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 98.3X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:08 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patric E Taylor Cor 2		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11-2-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/49	24c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Missouri
DATE REC'D BY LOCAL REG. NOV 2 1949	REGISTRAR'S SIGNATURE J B Paoster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moyall Funeral Home, 1926 Allen	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul A. Traumann

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.