

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1949

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1003

State File No. 38954-10042  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY R-30					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 17- 2929 HENRIETTA			
d. FULL NAME OF HOSPITAL OR INSTITUTION GLOBE-DEMOCRAT BLDG. 17- 2929 HENRIETTA				3. NAME OF DECEASED a. (First) W. b. (Middle) W. c. (Last) LAKE					
5. SEX M. F. W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH JUNE 15 - 1901			
9. AGE (in years less birthday) 48 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPORTER		10b. KIND OF BUSINESS OR INDUSTRY GLOBE-DEMOCRAT		11. BIRTHPLACE (State or foreign country) CHAMPAIGN ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EDWARD J. LAKE		13b. MOTHER'S MAIDEN NAME EFFIE HARRIS		14. NAME OF HUSBAND OR WIFE RUTH LAKE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Was no. overknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Lake 2929 Henrietta St					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 94 (STATE) MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4701				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 9:55 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor, Cor (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 23 49		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS Cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. NOV 22 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schuur 3125 Lafayette Ave					

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

*mul*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Jon B. Holmer*

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.