

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14723**  
Registrar's No. **3491**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3491</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>46 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3225 Cherokee</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Aloysius</b> b. (Middle) <b>J. L.</b> c. (Last) <b>Lake</b>			4. DATE OF DEATH <b>April 14, 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 28, 1903</b>		9. AGE (in years last birthday) <b>46</b>	IF UNDER 1 YEAR <b>6</b> Months <b>16</b> Days	IF UNDER 1 HR. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter J. Lake</b>			13b. MOTHER'S MAIDEN NAME <b>Frances Clara Feltman</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Preston Lake</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leona Lake, 3225 Cherokee St.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis Liver</b>				INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ruptured Blood Vessel Esophagus</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) <b>5811</b> (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from <b>April 7, 1950</b> , to <b>April 14, 1950</b> , that I last saw the deceased alive on <b>April 4, 1950</b> , and that death occurred at <b>9:05 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. Y. Moore MD</b> (Degree or title)				23b. ADDRESS <b>917-50 18th St</b>		23c. DATE SIGNED <b>4-15-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 17 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sabater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis</b> ADDRESS			

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

Mr. Harry B. Moore  
917 S. 18th

Moore  
12-5  
8-10

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer \_\_\_\_\_

Signed Delia J. Krupin  
Licensed Embalmer No. 3497

P. O. Address 1936 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.