

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6960

4004

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

BIRTH NO. _____		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>36a</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (If this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Maplewood</u> <u>4544</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7432 Hazel Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7432 Hazel Ave.</u>			
3. NAME OF DECEASED (Type or Print). a. (First) <u>ROBERT</u> b. (Middle) <u>E</u> c. (Last) <u>TAAKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1951</u>				
5. SEX <u>Male ()</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-7-1884</u>	
9. AGE (In years) (Month) (Day) <u>66</u>		10. IF UNDER 1 YEAR <u>2</u>		11. IF UNDER 18 HRS. <u>29</u>		12. IF UNDER 18 HRS. <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat</u>		11. BIRTHPLACE (State or foreign country) <u>E. St. Louis, Ill. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Taake</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown McCormick</u>			14. NAME OF HUSBAND OR WIFE <u>Harriette Winsby Taake</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harriette Taake, above</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>					<u>3 days</u>
		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. <u>Aneurysm of abdominal aorta</u>					<u>6 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept 17, 1950</u> , to <u>Feb 6, 1950</u> , that I last saw the deceased alive on <u>Feb 6, 1950</u> , and that death occurred at <u>9:35 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Vincent J. Perrenscheid M.D.</u>				23b. ADDRESS <u>3101^a Sutton ave Maplewood Mo</u>		23c. DATE SIGNED <u>2-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/8/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u>		ADDRESS <u>Maplewood 17, Mo.</u>	

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 _____

W. P. Burgess

Signed

Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.