No. 300
10.48

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

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35310

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8436

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place): 2½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bel-Nor 4170
d. STREET ADDRESS (If rural, give location): 3009 Delavan Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Chris (Christ)
b. (Middle): Christopher H.
c. (Last): Lakebrink

4. DATE OF DEATH (Month) (Day) (Year): September, 24, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April/24/1886
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V.P. Northwestern Nat.
10b. KIND OF BUSINESS OR INDUSTRY: Bank Banker
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Christopher H. Lakebrink
13b. MOTHER'S MAIDEN NAME: Minnie Sieckendieck
14. NAME OF HUSBAND OR WIFE: Mrs Rosa W. Lakebrink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-12-2699
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Rosa Lakebrink, 3009 Delavan Drive

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 332X

22. *I hereby certify that I attended the deceased from* 9/18/, 1951, *to* 9/21/, 1951, *that I last saw the deceased alive on* 9/20/, 1951 *and that death occurred at* 2:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE HENRY A. NOLLER (Degree or title): Henry A. Noller M.D.
23b. ADDRESS: 3720 Washington St. Louis Mo
23c. DATE SIGNED: 9/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 9/24/1951
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, County Mo.

DATE REC'D BY LOCAL REG.: SEP 24 1951
REGISTRAR'S SIGNATURE: J. Carl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Math Hermann & Son Inc. 2161 E. Fair Avenue

MJB

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford A Beasley

Licensed Embalmer No. 4292

P. O. Address St Louis Mo.

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.