

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11383

State File No.

FILED MAR 22 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 293

409

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch</u>	c. LENGTH OF STAY (In this place) <u>35 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2149</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch (Hospital)</u>		d. STREET ADDRESS (If rural, give location) <u>4018(a) Pleasant</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GILBERT</u> b. (Middle) <u>JOHN</u> c. (Last) <u>HAKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>
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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>9/20/87</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Hake</u>	13b. MOTHER'S MAIDEN NAME <u>Hellie??</u>	14. NAME OF HUSBAND OR WIFE <u>Winnie Hilpisch</u>
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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>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vera Vinvard</u>	ADDRESS <u>1311 N 19th St</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pulmonary tuberculosis</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>OOXX</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 29, 1951, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Koch Hoop</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Koch, Mo</u>	23c. DATE SIGNED <u>2-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart-Goodhart</u>	ADDRESS <u>2228 St. Louis, Av</u>
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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 John J. Haines

Licensed Embalmer No. 4508

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.