

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0946

No. 300
10.48

FILED FEB 11 1953

REG. DIST. NO. 318

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy 4170	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 7312 Burrwood Drive.	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) WILLIAM	c. (Last) LAKE.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1891
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Attorney..	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Attorney..		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Lake.		13b. MOTHER'S MAIDEN NAME Meta Richter	
14. NAME OF HUSBAND OR WIFE Mildred H. Lake.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 492-10-7515	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mildred H. Lake		ADDRESS #7312 Burrwood Dr.	
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) Anasarca ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver & cholelithiasis undeetermined Diabetes Mellitus DUE TO (c) Osteoarthritis of lumbar spine II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis of lumbar spine	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. HOW DID INJURY OCCUR? 260X			
22. I hereby certify that I attended the deceased from 10:48, to 1-25, 1953, that I last saw the deceased alive on 1-25, 1953, and that death occurred at 6 P.m., from the causes and on the date stated above.			
23a. SIGNATURE John T. Kennedy M.D. M.C.M.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 1-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..		24b. DATE 1/28/53.	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery.		24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.	
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D. n90.	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,		ADDRESS	

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

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.....

Clarence A. Murray

Licensed Embalmer No. *4011*

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.