

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26610

State File No. 6113

FILED JUL 31 1953

BIRTH NO. _____ 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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2337 Michigan Ave.		e. STREET ADDRESS (If rural, give location) 2337 Michigan Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Anton c. (Last) Lake		4. DATE OF DEATH (Month) (Day) (Year) June 17, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 8, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker Marquette Park		11. BIRTHPLACE (City and State or Foreign Country) Lively Grave, ILL.	
13a. FATHER'S NAME Henry Lake		14. NAME OF HUSBAND OR WIFE Catherine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 495-24-2238	
17. INFORMANT'S SIGNATURE OR NAME Catherine Lake		ADDRESS 2337 Michigan Ave.	
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) Chronic myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia Pregnant left foot.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? None		592X	
22. I hereby certify that I attended the deceased from 12-5, 1951, to 6-17, 1953, that I last saw the deceased alive on 6-16, 1953, and that death occurred at 3:40A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry Neidenreich MD		23b. ADDRESS 3750 Gravois	
23c. DATE SIGNED 6-18-53			
24b. DATE 6/20/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken		ADDRESS 2630 Gravois Ave.	

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.....
Signature of Student Embalmer

Signed..... *Robert F. Gebke*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois A

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.