

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037652

FILED VS. OCT 19 1959

2 8927

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>17 days</b>		c. CITY OR TOWN <b>Jennings</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5745 Helen Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Frank</b>			Middle <b>F.</b>		Last <b>Hake</b>		4. DATE OF DEATH Month <b>9</b> Day <b>27</b> Year <b>59</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/10/10</b>		9. AGE (last birthday) <b>48</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo. U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME <b>George Hake</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Ella Kempker</b>			14. NAME OF HUSBAND OR WIFE <b>Nina Hake</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>			16. SOCIAL SECURITY NO. <b>488-20-6034</b>		17. INFORMANT Address <b>Mrs. Nina Hake, 5745 Helen Ave.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b>								<b>5 w.</b>		
DUE TO (b) <b>" Coronary Thrombosis</b>										
DUE TO (c) <b>right coronary artery 420.1</b>										
PART II. OTHER SIGNIFICANT CONDITIONS (Indicate <del>not</del> related to the terminal disease condition given in PART I) <b>Surgery for ruptured lumbar disc 9-21-59</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AN OPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>July 1958</b> to <b>Sept 27</b> and last saw her alive on <b>Sept 24 1959</b> Death occurred at <b>5:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Lee J. Ford Jr M.D.</b>					22b. ADDRESS <b>53 Maryland Plaza</b>			22c. DATE SIGNED <b>9-28-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>10/1/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b>			
24. FUNERAL DIRECTOR <b>Drehmann-Harral</b>				ADDRESS <b>1905 Union</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 28 59</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>		

mjc

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St Louis

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.