

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH
OCT 24 1934

Do not use this space.

34838

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 1173
Township Carroll Primary Registration District No. 24873
City Jefferson Barracks, Mo. St. _____ Ward _____

2. FULL NAME Percy G. HAKE

(a) Residence, No. 3053 Marcus Ave., St. Louis, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lydia Hake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 12, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal Railroad

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 16 years

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Ewald Hake

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alvena Suhre

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT C. H. SMITH, M.D., Clinical Director, Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent's DATE Sept 24, 1934

19. UNDERTAKER J. F. Paschedag (ADDRESS) 2225 N. Grand Blvd.

20. FILED 9-1- 1934 D. H. WATSON Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to September 1, 1934

I last saw him alive on September 1, 1934 Death is said

to have occurred on the date stated above, at 6:17 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, with Hypertrophy and Dilatations Date of onset Unkn.

Other contributory causes of importance: Valvular Heart Disease, Mitral Stenosis Unkn. Valvular Heart Disease, aortic insufficiency

Name of operation None Date of operation _____
Physical findings Laboratory Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? Yes
Manner of death Unnatural

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify W. C. GIBSON, M.D., Manager, Vets. Adm. Fac., Jeff. Bks., Mo.
(Signed) _____ (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PEAINLY, WITH ONFADING IN THE THORACIC REGION

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