

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

Do not use this space.

SEP 16 1935

**791
1003**

27607

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Deaconess Hosp.) St. 14 Ward.....
Registered No. 6647

2. FULL NAME Lillie V. Thake

(a) Residence, No. 6431 Devonshire St. 14 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 Female	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 Frank B. Thake		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14th, 1897		
7. AGE 37	YEARS 9	MONTHS 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	13. NAME Wm Tacke
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	15. MAIDEN NAME Millie Mercier
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	17. INFORMANT (ADDRESS) Frank Thake 6431 Devonshire
18. BURIAL, CREMATION, OR REMOVAL PLACE Longtown Mo. DATE Aug. 6th, 1935	
19. UNDERTAKER (ADDRESS) J. M. Schumacher 3013 Meramec Street.	
20. FILED AUG - 4 1935 Registrar J. F. Breda	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 2nd. 35**

22. HEREBY CERTIFY, That I attended deceased from July 26, 1935, to Aug 2nd, 1935
I last saw her alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 7:05am

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

108 Lobar Pneumonia 7/31/35
Cholecystitis
Other contributory causes of importance:
Chronic Cholelithiasis - Indefinite
no gall stones

Name of operation Cholecystectomy Date 7/30/35
What test confirmed diagnosis? Cholecyst Was there an autopsy?

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 Chronic Cholelithiasis
(Signed) John D. Hayward, M. D.
(Address) Metropolitan Bldg. St. Louis

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.

Metropolites Bida
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