JAN 6 1928

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

Do not use this space.

34535

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.

City (No. Riverview Garden St. Ward)

2. FULL NAME John Alexander Burke

(a) Residence, No. Riverview Garden St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16 - 1900

7. AGE: 27 YEARS — MONTHS: 9 Mo — DAYS: 8 Days — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glenallen, Mo.

PARENTS

10. NAME OF FATHER: Alexander Burke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Chester Pa.
12. MAIDEN NAME OF MOTHER: Anna Reiley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Glenallen, Mo.

14. INFORMANT: Frank Burke
(Address) 3934 Carter ave

15. FILED 11-25, 1927 — O. V. Schultz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1927, to November 23, 1927, that I last saw him alive on November 23, 1927, and that death occurred, on the date stated above, at 2.15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis bilateral

2 | 23 A / 100 (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Lobar pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis Mo
D DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings only
(Signed) Lee J. Beuchat, M.D
Nov. 25, 1927 (Address) 1659 So 39th St Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Leopold Mo. — DATE OF BURIAL: Nov. 26 1927

20. UNDERTAKER: John A. Genteman — ADDRESS: 4320 Warne ave

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.

[illegible] IMPORTANT IS A PERMANENT RECORD