

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

Do not use this space.

35240

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. St. John Hospital)..... St. Ward)

File No.
 Registered No. 10119

2. FULL NAME

Anne Burke
 (a) Residence. No. 427 Wilmington St., 1 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Burke
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1846
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 81 8 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

10. NAME OF FATHER Anthony M. Gath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary M. Carmack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT J. L. Burke
 (Address) 427 S. Wilmington

15. FILED NOV 21 1927
maulo Starker
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927 to Nov 19, 1927
 that I last saw him alive on Nov 19, 1927, and that death occurred, on the date stated above, at 445 S. 2

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93A
an
Acute Myocarditis (duration) yrs. mos. 10 ds.
 CONTRIBUTORY Arterio Sclerosis (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 88B
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph Hardy, M. D.
Nov 20, 1927 (Address) 7602 S. Bridgeway

*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 Leavenworth Home DATE OF BURIAL 11-22 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2034 Wash St

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.

317 N Taylor