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

Do not use this space.

42907

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3104 S Compton St. Ward)

File No. .....

Registered No. 12177

2. FULL NAME Annie G. Burke

(a) Residence. No. 3001 S. Compton Ave Ward 18

(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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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: William J. Burke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 20-1871

7. AGE: Years 57 Months 2 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Dec'd

9. BIRTHPLACE (CITY OR TOWN): St Louis

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: James Connolly

11. BIRTHPLACE OF FATHER (CITY OR TOWN): —

(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Catherine Quigley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —

(STATE OR COUNTRY): England

14. INFORMANT: Wm J. Burke

(Address): 3001 S. Compton Ave

15. FILED: DEC 11 1928 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 15 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-13, 1928, that I last saw h. alive on 12-13, 1928, and that death occurred, on the date stated above, at 2:45 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage

Age 57 Yrs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Robert T. Kelly, M. D

, 19 (Address) 2532 S Jefferson

*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: Calvary

DATE OF BURIAL: Dec 15 1928

20. UNDERTAKER: M. J. Delaney

ADDRESS: 728 N Grand