96

OCT 24 1929

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

Do not use this space.

31768

1. PLACE OF DEATH
County St. Ferdinand — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City Florissant Mo. (No. Florissant, Mo. St. Ward)

File No.
Registered No.

2. FULL NAME Alexandra Burke
(a) Residence. No. Florissant Mo. St., 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 Margaret Burke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8, 1874

7. AGE: Years 54 Months 11 Days 13 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(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) Missouri

PARENTS
10. NAME OF FATHER Louis Burke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Louise Aubuchon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. Mrs. INFORMANT Margaret Burke
(Address) Florissant Mo.

15. FILED Oct 8, 1929 O. N. [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21, 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1929, to Sep. 21, 1929 that I last saw him alive on Sep. 19, 1929, and that death occurred, on the date stated above, at 6.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

44 A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 44 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Millmann, M. D.
9-21-1929 (Address) Florissant 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: St. Ferdinand Cm — DATE OF BURIAL: Sept 23 1929

20. UNDERTAKER: Jas. W. Clark. — ADDRESS 1120 Hodiamont 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.

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