

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 781
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 4333 N. Broadway St. _____ Ward _____)
 Registered No. 6192
1219

2. FULL NAME

Mary Judge Burke
 (a) Residence, No. 4333 N. Broadway St. 9 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Burke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 - 1877</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>8</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>as House</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
MOTHER	13. NAME <u>Thomas Judge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Mary Geraghty</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
17. INFORMANT <u>Grace Burke</u> (ADDRESS) <u>4333 N. Broadway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Church</u> DATE <u>Feb 8</u> 19 <u>32</u>		
19. UNDERTAKER <u>William B. B...</u> (ADDRESS) <u>1710 W. Grand St.</u>		
20. FILED <u>FEB - 6 1932</u> <u>Mary J. Starnes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1932

22. I, HEREBY CERTIFY, That I attended deceased from Sept 6 1931 to Feb 5 1932
 I last saw her alive on Feb 4, 1932 Death is said to have occurred on the date stated above, at 6:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lungs
478
478
 Other contributory causes of importance:
none

Date of onset	<u>about 6 mos prev.</u>
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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? NO
 If so, specify _____
 (Signed) J. J. Mon, M. D.
 (Address) 4000 Chouteau 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.

PERMANENT RECORD

Handwritten text at the top of the page, possibly a name or title, which is mostly illegible due to fading and bleed-through.

Handwritten text in the upper right quadrant, including the number "1 to 3" and some illegible characters.