

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.

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

Do not use this space.

10080

File No. \_\_\_\_\_  
Registered No. 2086  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 1791  
Township \_\_\_\_\_ Primary Registration District No. 1000  
City St. Louis (No. 2405 Dickson St)

**2. FULL NAME**

Edward Burke  
(a) Residence, No. \_\_\_\_\_ St. 21 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 - 1887  
7. AGE YEARS 44 MONTHS 11 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster 104  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri  
13. NAME Edward Burke  
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Sarah Law  
16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT (ADDRESS) Alice Burke 2405 Dickson St  
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3-5-1932

19. UNDERTAKER Arthur J. Connelly, Inc. 2039-2041 (ADDRESS) \_\_\_\_\_  
20. FILED Mar 11 1932 Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec 1931 to Mar 1, 1932  
I last saw him alive on Feb 29, 1932 Death is said to have occurred on the date stated above, at 7:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute Stenosis (2 on coronary) with (2 on tubercular) Chronic Bronchitis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Secondary Anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. B. Fisher, M. D.  
(Address) 2206 Howard St

Dr. Hinkle

2206 [unclear]