

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

Do not use this space.

10396

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10083
City St. Louis (No. 1415 N 22)

File No.....
Registered No. 2439
St..... Ward.....

2. FULL NAME

(a) Residence, No. 1415 N 229 St., 21 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 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) May 1-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Ireland 15

13. NAME Edward Burke

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

15. MAIDEN NAME May Conley

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

17. INFORMANT Mrs Margaret Burke (ADDRESS) 1415 N 222 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 15 1932

19. UNDERTAKER Arthur J. Wagnally Mfg Co (ADDRESS) 2039 1/2 St. St. Louis

20. FILED MAR 17 1932 Registrar. 3/14/32

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1932

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset.....

Other contributory causes of importance:

Chronic Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? Yes

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) J. W. Hermet
Dep. Coroner

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.

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