

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

Do not use this space.

21220

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** No. **St. Marys Infirmary** Ward)

**2. FULL NAME**

(a) Residence, No. **129 Shenandoah 23** Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 9-1910</i>		
7. AGE	YEARS <i>22</i>	MONTHS <i>3</i>
	DAYS <i>8</i>	If LESS than 1 day, hrs. on min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Office Clerk 108</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Clerk 2431</i>	
	10. Date deceased last worked at this occupation (month and year) <i>6-1931</i>	11. Total time (years) spent in this occupation <i>5 1/2</i>
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri 1</i>	
	13. NAME <i>Howard Burk</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
	15. MAIDEN NAME <i>Julia Mees</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>	
	17. INFORMANT <i>Mrs. Julia Burk</i> (ADDRESS) <i>729 Shenandoah</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Peter &amp; Pauls</i> DATE <i>June 20 1932</i>	
19. UNDERTAKER <i>C. J. Schmutz</i> (ADDRESS) <i>311 1/2 S. Lafayette Ave</i>		
20. FILED <i>JUN 19 1932</i> <i>W. E. Starkey</i> Registrar		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 17 1932*

22. I HEREBY CERTIFY That I attended deceased from *6-8 1932* to *6-17 1932*  
 I last saw h. e. h. alive on *6-17*, 19..... Death is said to have occurred on the date stated above, at *11 p. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Labar pneumonia (terminal)*  
*chronic myocarditis*  
*chronic nephritis*  
*acute hemorrhagic pancreatitis*  
 Other contributory causes of importance:  
*108*

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? *No*  
 If so, specify.....  
 (Signed) *W. E. Starkey*, M. D.  
 (Address) *1536 Poplar*

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.

