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.

JAN 5 1933

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

Do not use this space.

37014

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City Clayton — (No. St. Louis County Hospital St. Ward)

2. FULL NAME BURKE, DONNA
(a) Residence, No. 2138 North & South Rd. St., Ward. Vinita Park.
(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: Female
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: Wm. C. Burke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 23, 1866.
7. AGE: YEARS 66 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife 1867
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1943
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): do 31

MOTHER
15. MAIDEN NAME: do
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): do

17. INFORMANT (ADDRESS): Wm. C. Burke 2138 North & South Rd.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 11/16/32 19
19. UNDERTAKER (ADDRESS): Louis H. Bopp 131 W. Argonne. Kirkwood Mo.
20. FILED Nov. 15, 1932 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1932 to Nov. 13, 1932
I last saw her alive on Nov. 13, 1932 Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	12/25/32
D 186 A	

Other contributory causes of importance: Fracture of lower thirds of rt. femur

Name of operation Steinman Pin Date of 10/16/32
What test confirmed diagnosis? Clinical 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 10/12 1932
Where did injury occur? Home. St. Louis Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Back steps broke
Nature of injury Fract. of rt. femur.

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Household duties
(Signed) B. C. Koreski, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.