

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

Do not use this space.

41304

PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 60332
 City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 195

2. FULL NAME

Thomas W. Burke
 (a) Residence, No. 165 E. Etha St. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Laisy Burke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31-1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Elevator</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>Ill</u>		
MOTHER FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>George Burke</u> <u>4906 meadow av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia</u> DATE <u>Dec 11 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Fordley Ford Co</u> <u>1819 Michigan</u>		
20. FILED <u>12/13 1933</u> <u>Robert F. Lambert</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1933, to 12-13 1933

I last saw him alive on 12-13 1933. Death is said to have occurred on the date stated above, at 4¹⁰ A. m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
gyp R
gyp W

Date of onset Nov 30 1933

Other contributory causes of importance: _____

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? Yes
 If so, specify _____
 (Signed) R. B. Harn, M. D.
 (Address) St. Louis County Hospital

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.

WHICH CONTAINS INFORMATION—THIS IS A PERMANENT RECORD

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