

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.

APR 25 1934

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

Do not use this space.

11212

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo** (No. **8217**, **Pennsylvania**) St. Ward)

File No.
 Registered No. **3075**

2. FULL NAME

(a) Residence, No. **Wm H. Burke** Ward.
 (Usual place of abode) **8217 Pennsylvania St.** (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Margaret Burke		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE 62	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter
	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) (STATE OR COUNTRY) **St. Louis, Mo**

13. NAME **Michael Burke**

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

15. MAIDEN NAME **Mary Canty**

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

17. INFORMANT **Nellie Burke**
 (ADDRESS) **8217 Pa a**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mt. Olive** DATE **Nov. 28, 1934**

19. UNDERTAKER **Southern Trust Co**
 (ADDRESS) **1322 S Grand Blvd**

20. FILED **APR 21 1934** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-25, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Nov.**, 19**32**, to **3-25**, 19**34**
 I last saw him alive on **3-24**, 19**34**. Death is said to have occurred on the date stated above, at **2:45 a.m.**

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

**Coronary Arterio Sclerosis
 & Acute Occlusion
 Myocardial Infarction**

Other contributory causes of importance
GER
150

Name of operator **[Signature]** Date of operation **[Signature]**

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) **J. Hammond**, M. D.

(Address) **Wall Bldg.**

Dr. J. F. Hammond
W. A. Bledy