

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

Do not use this space.

MAY 25 1934

12902

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *1*

Township *W. 1st*

Primary Registration District No. *1*

City *St. Louis*

File No. *1651*

Registered No. *1651*

2. FULL NAME

(a) Residence, No. *774 1/2 Brookfield*

(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *John E. Burkholder*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*April 26* YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

MOTHER FATHER

13. NAME *Patrick J. Connor*

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

15. MAIDEN NAME *Margaret Redmond*

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

17. INFORMANT (ADDRESS) *John E. Burkholder*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mary's* DATE *4/29/34*

19. UNDERTAKER (ADDRESS) *F. J. Conroy*

20. FILED *April 25, 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 11 1934*

22. I HEREBY CERTIFY that I attended deceased from *April 11 1934*

I last saw him alive on *April 11 1934* Death is said to have occurred on the date stated above *5:15 am*

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

*Chronic myosarthritis*  
*Chronic myosarthritis*

Other contributory causes of importance:

Name of operation *Autopsy* Date of operation *April 11 1934*

What test confirmed diagnosis *Autopsy* as there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *April 11 1934*

Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*

Nature of injury *None*

24. Was disease or defect in any way related to occupation of deceased?

If so, specify *None*

(Signed) *R. E. W.* M. D.

(Address) *1212 N. 1st St. St. Louis, Mo.*

Registrar

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.

