

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Cassmiller Primary Registration District No. 62480B
 City Jefferson Barracks, Mo. (No. Veterans' Administration Facility St. 174 Ward)

File No. 19066

Registered No. 174

2. FULL NAME William E. BURKE

(a) Residence, No. 1533-A North Jefferson Ave., St. Louis, Mo. St. Louis, Mo.
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2, 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>11</u>	DAYS <u>19</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Asbestos Worker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>
	11. Total time (years) spent in this occupation <u>4 years</u>

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME Martin Burke

14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Casey

16. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York

17. INFORMANT E. T. Gallagher, S. D., Act. Clin. Dir., Vets. Adm. Fac.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cemetery DATE May 25, 1934

19. UNDERTAKER Bullen & Kelly
 (ADDRESS) 1416 N. Ingraham Ave.

20. FILED 5-24, 1934 W. H. M. D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 21, 1934
 I last saw him alive on May 21, 1934 Death is said to have occurred on the date stated above, at 9:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, Chronic, Far Advanced, Active
23A
73
 Other contributory causes of importance: None
 Date of onset Unkn.

Name of operation None Date of - -
X-ray Laboratory & Physical tests 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?
 If so, specify
 (Signed) W. H. M. D. Manager
 (Address) Vets. Adm. Fac., Jeff. Bks., Mo.

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.

JUN 26 1934

58

22

