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NOV 13 1934

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

Do not use this space.

37270

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 9630

2. FULL NAME Dewey Burke

(a) Residence, No. 4533a Swan Ave. St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th, 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	2	24	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l. Bearing Co.

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) Mississippi

FATHER

13. NAME James Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ina ~~Swan~~ Burke 4533a Swan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Oct. 3rd, 1934

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union Blvd.

20. FILED OCT -1 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A.m.

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

Fract. of skull Lacerations of brain rec'd when struck by a Ford Coupe driven by one Marion Scott (Col.) on Oakland Ave about 100 feet E. of Macklind Ave, about 7:35 P.M.

Date of onset

Other contributory causes of importance:

on Sept 29, 1934

2 P.M. Accident 210

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 9-29, 1934

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

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

Manner of injury Struck by auto

Nature of injury Fract. of skull.

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

If so, specify .....

(Signed) John J. Sweeney, ~~M.D.~~

(Address) Deputy Coroner

Oct. 1, 1934

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.