MAR 1 1935

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

Do not use this space.

45379

1. PLACE OF DEATH

County St. Louis — Registration District No. ~~Missouri~~ 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 432

City Jefferson Barracks, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME Patrick Burke

(a) Residence, No. 128a West Davis Street St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn 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 Mrs. Mary Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 16, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	10	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail

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

FATHER

13. NAME Patrick Burke ~~Unavailable~~

14. BIRTHPLACE (CITY OR TOWN) ~~Unavailable~~ (STATE OR COUNTRY) ~~Unavailable~~ Ireland

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT W. C. Gibson, M.D. (ADDRESS) Vet. Adm. Facility Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 12-29, 1934

19. UNDERTAKER Southern Funeral Home (ADDRESS) 6322 S. Grand. St. Louis, Missouri

20. FILED Dec 27, 1934 E. Mowry (Dep) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1931, 19, to December 26, 1934

I last saw him alive on December 26, 1934 Death is said to have occurred on the date stated above, at 1:15 a.m.

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

	Date of onset
Tuberculosis Pulmonary, chronic active, far advanced.	Unkn.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical exam, clinical manifestation, x-ray and laboratory findings. Was there an autopsy? None

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. C. Gibson, M.D. Chief Med. Officer, M.D.

(Address) Vet. Adm. Facility. Jeff. Brks. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD