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.

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

Do not use this space.

17734

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis Mo. (No. St. Johns Hospital St. ..... Ward)

File No. .....

Registered No. 4031

2. FULL NAME Sister Mary Claver Burke

(a) Residence, No. Webster Groves Mo. St., N R 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	1	10	

OCCUPATION

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

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) County Limerick Ireland

FATHER

13. NAME Denis Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Clare Ireland

MOTHER

15. MAIDEN NAME Annie McCaffery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Limerick Ireland

17. INFORMANT (ADDRESS) Sister Llayala St Johns Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sisters Of Mercy Cem DATE May 4 1935

19. UNDERTAKER (ADDRESS) Mullen Und Co 5165 Delmar Blvd

20. FILED MAY -3 1935 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to May 1st, 1935

I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 6.50 A m.

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

	Date of onset
General peritonitis (due to ruptured appendicitis)	5 days
121	
Other contributory causes of importance: not Mumps Bilateral parotitis (ascending from mouth)	2 days

Name of operation appendectomy Date of ap 20

What test confirmed diagnosis? ap 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? no

If so, specify .....

(Signed) Wm P. Glennon, M. D.

(Address) University Club Bldg St. Louis