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.

NOV 27 1935

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

Do not use this space.

33800

File No.

Registered No. 153

1. PLACE OF DEATH

County St. Louis Ferguson Town — Registration District No. 333

Township St. Ferdinand — Primary Registration District No. 4468

City Robertson, Mo. (No. Robertson, Mo. St. Ward)

2. FULL NAME Joseph A. Burcke Jr.,

(a) Residence, No. Robertson, Mo. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Whitee

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) Jan. 5 1920.

7. AGE: YEARS 15 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME Joseph Burcke Sr.

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

MOTHER

15. MAIDEN NAME Mary Hoormann

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

17. INFORMANT (ADDRESS) Joseph Burcke Sr. Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SACRED HEART DATE Oct. 4, 1935.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.,

20. FILED 10/4 1935 W. A. Zeitler Registrar. Fred C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1935, to Oct. 1st, 1935

I last saw him alive on Oct. 1/35. 19 Death is said to have occurred on the date stated above, at 9.00 P.M.

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

	Date of onset
Chronic Myocarditis	10.1.32
Other contributory causes of importance:	
Inflammatory Rheumatism	10.1.32

Name of operation Date of

What test confirmed diagnosis? 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) H. G. Coleman, M. D.

(Address) Pattonville Mo

Dr. Colemann
Patonville, Mo.