

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.

MAY 26 1936

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

Do not use this space.

20942

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 1962)

Registration District No. 791
Primary Registration District No. 1003
City St. Louis

File No. 5143
Registered No. 5143
St. Ward

2. FULL NAME

(a) Residence, No. 3613 St. 148 Ward 26
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1863

7. AGE YEARS 13 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stuk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Indianapolis

MOTHER 13. NAME Thomas Burke

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

15. MAIDEN NAME Unknown

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

17. INFORMANT W. S. Sup... (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE May 14 1936

19. UNDERTAKER Suedmayer & Sons (ADDRESS) 3434 N. 20 St

20. FILED MAY 12 1936 J. T. Brudeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/36

22. I HEREBY CERTIFY, That I attended deceased from 5/8 1936 3/17/36 19
I last saw alive on 5/12/36 1936 Death is said to have occurred on the date stated above, at
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver
H&K
Other contributory causes of importance: Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Everett Nelson M. D.
(Address) St. Louis

