

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

Do not use this space.

24446

**JUL 14 1936**

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1008**  
City **St. Louis** (No. **Lutheran Hospital**)

File No. ....  
Registered No. **6062**  
St. .... Ward)

2. FULL NAME **Mary Burke**

(a) Residence, No. **#7 South Vandeventer** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 11, 1936**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**  
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) **St. Louis**

13. NAME **William Burke**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

15. MAIDEN NAME **Glady Bannett**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT **William Burke**  
(ADDRESS) **3840 Vandeventer**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Parvary** DATE **6-13** 19**36**

19. UNDERTAKER **Arthur J. Donnelly & Co.**  
(ADDRESS) **3840 Vandeventer**

20. FILED **JUN 12 1936**  
**J. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/12** 19**36**  
22. I HEREBY CERTIFY, That I attended deceased from **6/11** 19**36** to **6/12** 19**36**  
I last saw **her** alive on **6/12** 19**36** Death is said to have occurred on the date stated above, at **8<sup>15</sup>** m.  
The principal cause of death and related causes of importance were as follows:

**Premature birth 6/11/36**  
**159**  
Date of onset

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 **Pre-mature birth**  
(Signed) **W. Bredeck** M. D.  
(Address) **1004 A 15th**

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.

100 Schindlerweg  
1007 2/18<sup>ent</sup>  
1-2<sup>ent</sup>

GEPROBTE  
ANZEIGEN  
VERBODEN  
DIESE  
ANZEIGEN  
SIND  
NUR  
FÜR  
DIE  
DARIN  
GENANNTEN  
FIRMEN  
BESTIMMT

1007 2/18<sup>ent</sup>

1-2<sup>ent</sup>

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2  
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