

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.

NOV 4 1936

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1008  
No. ST. MARY'S INFIRMARY

File No.....  
Registered No. 39621  
St. .... Ward 10665

2. FULL NAME Elizabeth Burke

(a) Residence, No. 4319 a St. Louis Ave. St. 10 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 3 1

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

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) Tennessee

MOTHER / FATHER 13. NAME Preston Neilson

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

15. MAIDEN NAME Josephine Simmons

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

17. INFORMANT Henry Burke  
(ADDRESS) 4319 a St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexa, Ark. DATE 10/24/36

19. UNDERTAKER W. S. Wade Und. Co.,  
(ADDRESS) 4202 Finner Ave.

20. FILED OCT 24 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1936, October 22, 1936

I last saw her alive on Oct. 22, 1936 Death is said to have occurred on the date stated above, at 8:00P.m.

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

Cerebral Thrombosis Date of onset 10-20-36  
Appendix Abscess ?  
Partial Intestinal Obstruction due to appendiceal abscess

Other contributory causes of importance:  
Diabetes mellitus

Name of operation 59 Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) M. W. Foster, M. D.  
(Address) St. Mary's Infirmary

