

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

42822
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **Enroute To City Hospital #1** Registered No. **11072**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. **9** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Burks

(a) Residence, No. **3802 Greer Avenue** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **MARRIED**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edith Burks**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 18th, 1863**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mail Censor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Mo. State Penitentiary**
 10. Date deceased last worked at this occupation (month and year) **Mar. 27, 1932** 11. Total time (years) spent in this occupation. **40 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rockville, Indiana**

FATHER 13. NAME (Unknown) **Burks**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs Edith Burks**
 (ADDRESS) **3802 Greer Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **December 2, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
 (ADDRESS) **428 N. Euclid Avenue**

20. FILED **DEC 1 1937**
J. Bredeck
 Local Registrar.

NO PHYSICIAN ATTENDED DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 30th 1937**
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **4:00 P.M.**
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis;
Chronic Nephritis;
 Other contributory causes of importance:
 Date of onset

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) **Alfred J. Perry, M.D.**
 (Address) **Deputy Coroner**

I X12004
 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.

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)