

Subs. Form 12-2-2

REC'D MAR 14 1938

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

4529  
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** (d) Street No. **Lutheran Hospital** St.  
(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 **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1174**

2. PRINT FULL NAME **Lena Burke** *620*  
(a) Residence, No. **4192 Meramec Str.** St. **15**  
(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 **Female**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Burke**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 23, 1869**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**68 9 7**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) **1-23-38**  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Herman Mo.**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Harry Burke 4643 Adkins Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew** DATE **2-1-38**

19. FUNERAL DIRECTOR (ADDRESS) **Oscar J. Hoffmeister 4016 Chippewa Str.**

20. FILED **FEB 1 1938** *John Bredeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30 1938**  
22. I HEREBY CERTIFY, that I attended deceased from **Jan 22** 19**38**, to **Jan 30** 19**38**  
I last saw her alive on **Jan 29** 19**38** Death is said to have occurred on the date stated above, at **8:15** a.m.  
The principal cause of death and related causes of importance were as follows:

*chronic Nephritis - Uremia. Coma.*  
Date of onset **1-22-38**  
Other contributory causes of importance: **131**

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Urine sp.* 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 **SCHUBERTER!**  
(Signed) **H. N. Schubert** M. D.  
(Address) **5401 1/2 Grand**

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, Edwin H. Leibinger, Licensed Embalmer No. 3888

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

*Edwin H. Leibinger*

Licensed Embalmer No. 3888

**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.)**