

NOV 16 1938

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

33774
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. **De Paul 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **620 William H. Burke**
5845 Nina Place St. **7**
 (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 (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna M. Burke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **General Agent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Canada Nat'l. R.R.**
 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) **Muir Michigan**

FATHER 13. NAME **William Burke**

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

MOTHER 15. MAIDEN NAME **Mary Laflin**

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

17. INFORMANT (ADDRESS) **Miss A. Marie Burke 5845 Nina Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Oct. 8, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**

20. FILED **OCT 7 1938** **J. T. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 1, 1933** to **Oct 6, 1938**

I last saw him alive on **Oct 6, 1938** Death is said to have occurred on the date stated above, at **8 am.**

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

Cardio-vascular disease with Hypertension Date of onset **1933**

Other contributory causes of importance: **Ch. Nephritis** **Feb. 1938**

Name of operation **no** Date of

What test confirmed diagnosis? **no** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury

Where did injury occur? **no** (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**

Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **no**

(Signed) **John J. Langan, Jr.** M. D.
 (Address) **5800 Pine St.**

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

..... or by

Registered Apprentice No....., working under my personal supervision.

Signed William Matris

Licensed Embalmer No. 2825

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.