DEC 14 1938

REC'D JAN 6. 1939

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

44502
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 — Registration District No. 784
(b) Township — Primary Registration District No. 20
(c) City Robertson Mo 1 — (d) Street No. Robertson Mo. 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.

Registered No. 2038

2. PRINT FULL NAME (20) Edward Burcke
(a) Residence, No. Robertson Mo. St.
(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: 30
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: Florentine 8-31-08
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 31, 1908
7. AGE — YEARS: 30 — MONTHS: 3 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Auto Machinist
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: August H. Burcke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Rose Alberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Florentine Burcke, Robertson Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Sacred Heart Florissant Mo. DATE: Dec 16, 1938
19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave
20. FILED: DEC 14 1938 G. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to Dec. 17th, 1938
I last saw him alive on Dec. 12th, 1938. Death is said to have occurred on the date stated above, at 7.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	12-11-38
Other contributory causes of importance:	
Chr. Rheumatic Heart Disease ?	
Right Lower Lobar Pneumonia (atypical)	11-14-38
Acute Glomerular Nephritis	12-6-38

Name of operation: No — Date of
What test confirmed diagnosis? Clinical & X-Ray — 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) Alexander J. Kotkis, M. D.
(Address) 467 N. Taylor St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X12604

Dr. A.J.Morris
462 N. Taylor.
Jeff 8703
1 to 3

STATEMENT BY LICENSED EMBALMER

I, Jas. M. Clark, Licensed Embalmer No. 1661.

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jas. M. Clark

Licensed Embalmer No. 1661.

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.)