

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

7874
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 3 Registration District No. 784
(b) Township Normandy Primary Registration District No. 200 Registered No. 383
(c) City Wellston / (d) Street No. In route to 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

Walter E. Burke,
(a) Residence, No. 6204 Ridge Ave., St. Wellston, Mo.
(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 Margret Burke OR WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1896.
7. AGE YEARS 42 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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 Frank Burke

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

MOTHER 15. MAIDEN NAME Mary Nylan

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

17. INFORMANT Margaret Burke (ADDRESS) 6204 Ridge Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Mar. 4, 1939

19. FUNERAL DIRECTOR Jos. W. Clark, (ADDRESS) 1125 Hodiament Ave.,

20. FILED MAR 2 1939 Dr. Max M. S. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1/39. 19

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 2.20PM
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

A3C

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? autopsy 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 of injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) John J. ... M.D.
Coroner of St. Louis County, Mo.
(Address).....

Exact statement of OCCUPATION is very important. 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.

FEB 24 1945

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark Licensed Embalmer No. I66I

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

Jos. W. Clark
Licensed Embalmer No. I66I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

(1) the above constitutes grounds for revocation of license.)