

DEAD MAY 10 1939

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

791
1003

12884
Do not use this space.

Registered No. 3226

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(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 DAISY MARGARET BURKE

(a) Residence, No. 4023 EVANS AVE. St. III
(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 MARTIN BURKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1900.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) ARKANSAS

FATHER 13. NAME Dont Know. Whitson.

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

MOTHER 15. MAIDEN NAME Dont Know Mays.

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

17. INFORMANT (ADDRESS) MARTIN BURKE
4023 EVANS AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY
3840 LINDELL BLVD.

20. FILED APR 6 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1939 to 4-4-1939
I last saw her alive on 4-4-1939. Death is said to have occurred on the date stated above, at 4 pm.

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

Toxic Carditis
chr. myocarditis
non purulent
Cardiac Disturbances

Other contributory causes of importance
Cardiac Disturbances

Name of operation Date of
What test confirmed diagnosis? 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 (Signed) W. N. Whitson, M.D.
(Address) 2803 Kingsbury

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.

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701262

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 Stanley Marchlewski
Licensed Embalmer No. 2868
P. O. Address 3940 Lindell

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.