

Registration District No. 791Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home 3845 Shaw Blvd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community 3845 Shaw Blvd  
 years, months or days (Specify whether)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3845 Shaw Blvd  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Lary Chivers Burke

8. (b) If veteran, name war \*\*\*\*\*  
 8. (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Chivers Burke 6. (c) Age of husband or wife if alive 77 years7. Birth date of deceased January 1 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace De Soto Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife12. Name Patrick Hopkins13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Julia Flanery15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William C. Burdick(b) Address 3845 Shaw Blvd17. (a) Burial (b) Date thereof Jan 30 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
DeSoto Missouri

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) FEB 13 1940 (b) J. T. Burdick  
(Date received local registrar) (Signature of Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th  
 year 1940 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st  
 \_\_\_\_\_, 1938, to Jan 27, 1940

that I last saw her alive on Jan 27, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 2 yrs.  
 Duration

Due to usual causes

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)Major findings:  
Of operations noneOf autopsy none

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury fall

23. Signature Wm C. Hail (M. D. or other) MDAddress 1504 So. Grand Blvd. Date signed 1/29/40

1961

1961

---

**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.....

Licensed Embalmer No.....

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.**