

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3103

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5918 Michigan
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Johanna Burke 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife late John Burke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years About 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name James Cogan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Courtney

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Burke

(b) Address 5918 Michigan

17. (a) Burial (b) Date thereof 4-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Joseph J. [Signature]

(b) Address 1322 S. Grand

19. (a) APR 3 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5918 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1940 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from MARCH 16th 1940 to APRIL 2ND, 1940
that I last saw h. CR alive on APRIL 2ND, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Arterio-sclerotic heart disease 3yr 0mt

Due to Chr. Nephritis 3yr 0mt

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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: _____

23. Signature William F. [Signature] (M. D. or other) _____
Address 5923 Vignanelle Date signed 4/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER { FATHER {

Dr. Wm M^cNamee
Spr 3 Va.

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.