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10-39
7-39
K21492

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **7521**

1. PLACE OF DEATH:
 Saint Louis.
 (a) County _____
 (b) City or town Saint Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether
 In this community 2 years.
years, months or days)

3. (a) PRINT FULL NAME Olive H. Bourke
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced, widowed**
6. (b) Name of husband or wife John F. Bourke **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Nov. 11, 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Houston, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { **12. Name** Henry Higinbotham
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Olive Davis
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant George B ourke
(b) Address 21 Tiffin, Ferguson, Mo.

17. (a) Burial Memorial Park **(b) Date thereof** Sept. 7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director L. M. White
(b) Address 118 North Florissant Road

19. (a) SEP 7 1940 **(b) J. J. Bedack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Ferdinand
 (c) City or town S Ferguson,
(If outside city or town limits write "RURAL")
 (d) Street No. 21 Tiffin
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/5 day _____ year 1940 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/8, 1940, to 9/5, 1940, that I last saw her alive on 9/5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (lobar) (Terminal)
 Duration 4 days

Due to _____
Due to _____

Other conditions meningitis (unclassified)
(Include pregnancy within 3 months of death)

Major findings: 108
 Of operations _____
 Of autopsy _____

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? _____ **(c) Means of injury** _____
(Specify type of place)

23. Signature L. M. White **(M. D. or other)** _____
Address Ferguson, Mo **Date signed** 9/6/40

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

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 L. M. White

Licensed Embalmer No. 3973.

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.