

Registration District No.

Primary Registration District No.

Registrar's No.

8445

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:
5430 Wren Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Katherine Burke

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Joseph Burke 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 19 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Martin
13. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Howard
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Burke

(b) Address 5430 Wren Ave

17. (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 14600 Natural Bridge Ave

19. (a) OCT 11 1940 (b) J. F. Bredt
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 5430 Wren Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1940 hour 11 minute 15a M.

21. I hereby certify that I attended the deceased from Jan 2
1940 to Oct 8 1940
that I last saw him er alive on Oct 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
of sigmoid colon

Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Carcinoma
Of operations of colon
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 C. N. Nelson (M. D. or other)
Address Summit St Date signed 10/14/40

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

Sheldon Collier

Licensed Embalmer No.

3382

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.