

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36448

State File No.

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1974

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town West Walnut Manor.
(c) Name of hospital or institution: 7049 Greendale Drive.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Flavia Agnes Burke.

3. (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 Single.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 24 hr. min.

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Burke.
13. Birthplace Joliet, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Hannah Scannell.
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretto McAnany.

(b) Address 7049 Greendale Drive.

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindbergh Blvd.

19. (a) OCT 18 1940 (b) R. K. Myers
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town West Walnut Manor.
(d) Street No. 7049 Greendale Drive.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th.
year 1940 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 18, 1940
that I last saw him alive on Sept 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac insufficiency Duration _____
Due to not known

Due to _____

Other conditions (Include pregnancy within 3 months of death) 920K

Major findings: 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? (Specify type of place) (e) Means of injury _____

23. Signature Arthur J. Donnelly (M. D. or other) 1940

Address 7049 Greendale Drive Date signed 10/17/40

(Licensed Embalmer's Statement on Reverse Side)

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

W H Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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, fact should be so stated above.