

FILED MAR 25 1941

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **1663**

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:
5121A Northland 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 60yrs
years, months or days)

3. (a) PRINT FULL NAME William E Burke

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

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 1st 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business Meat Inspector

12. Name Michael Burke

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

14. Maiden name Nellie Bryan

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

16. (a) Informant Lillian Burke

(b) Address 5121A Northland Ave

17. (a) Burial (b) Date thereof 2/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral home Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd

19. (a) FEB 21 1941 (b) J. J. Buelch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5121A Northland Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 60yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th.
 year 1941 hour 3:15 AM minute M.

21. I hereby certify that I attended the deceased from 7th Feb 1941 to 7th Feb 1941, 1941;
 that I last saw him alive on 7th Feb 1941, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
arterio sclerosis

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
 Of autopsy No

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) (to) Means of injury
 23. Signature W. W. White (M. D. or other) W. W. White
 Add 803 N. Kingshighway signed 2-20-41

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.