

3978
No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE

U.S. BUREAU OF THE CENSUS
AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23062

Registration District No. 7-2-1

Primary Registration District No. 1002

Registrar's No. 5414

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 6 Days

In this community 85 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4399 West Pine Blvd.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Agnes Burke

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1941 hour 1:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 25, 1941 to June 30, 1941
that I last saw h. or alive on June 30, 1941
and that death occurred on the date and hour stated above.

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 March 12, 1886
(Month) (Day) (Year)

Immediate cause of death
Bronchial pneumonia - 3 days

Due to gga

Due to gga

Other conditions (Include pregnancy within months of death)
caused by cerebral

Major findings: Hemorrhage

Of operations gga

Of autopsy gga

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>3</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Thomas E. Burke. 4

13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Moore. 4

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Graver,

(b) Address 664 Elmwood Ave. Web. Groves,

17. (a) Burial (b) Date thereof 7-2-41.
(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 38659 Lindell Blvd.

19. (a) JUL 1 1941 (b) J. P. Black
(Date received local registrar) (Registrar's signature)

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 McCarley (M. D. or other) P

Address 1515 Lafayette Ave. Date signed 8/30/41

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.....

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.