

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6696

1. PLACE OF DEATH:  
 (a) County St. Louis,  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmery.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution November 28, 1935.  
42yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John F. Burke.  
 3. (b) If veteran, name war Cannot say. 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 15,  
 year 1941. hour 2:00 minute A. M.  
 21. I hereby certify that I attended the deceased from November 28,  
1935, to August 15, 1941  
 that I last saw him alive on August 15, 1941,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma Behland.  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased June 7, 1877.  
 (Month) (Day) (Year)

Immediate cause of death  
Congestive heart failure  
Arteriosclerotic vascular  
disease  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Somerset, Ky. American.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Janitor.

11. Industry or business X

12. Name James Burke

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

14. Maiden name Elizabeth Thomas

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

16. (a) Informant E. Malony  
 (b) Address 5800 Arsenal St.,

17. (a) Burial (b) Date thereof 8-18-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Southern Funeral Home  
 (b) Address 6322 S. Grand Blvd.,

19. (a) AUG 16 1941 (b) J. S. Trudick  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
[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 Green Blaney (M. D. or other) (M.D.)  
 Address 5600 Arsenal Date signed 8/15/41

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..... *Cirgil L. Bergman*  
Licensed Embalmer No..... *4018*  
P. O. Address..... *St. Louis Mo*

**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.**