V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4166

Primary Registration District No. 1003

Registrar's No. 1097

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:
6008 Clemens Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 579
(If outside city or town limits, write "RURAL")

(d) Street No. 6008 Clemens Avenue 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret Burke

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J.

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

7. Birth date of deceased August (Month) 9 (Day) 1872 (Year)

8. AGE: Years 69 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business At Home

FATHER 12. Name James Finn

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

MOTHER 14. Maiden name Bridget Roach

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

16. (a) Informant Loretta M McGrath

(b) Address 6008 Clemens Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) FEB 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1942 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from September 1, 1941, to Feb. 2, 1942 and that I last saw her alive on Feb 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia (Terminal)	2 days
Due to:	
Due to:	
Other conditions: Paralysis agitans (Include pregnancy within 3 months of death)	2 yrs
Major findings: Of operations: None	
Of autopsy: None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm J. Langan Jr (M. D. or other)

Address 5802 Plymouth Ave Date signed Feb 3/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1953

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 J Wm Binkley

Licensed Embalmer No. 3653

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.