

FILED NOV 4 1942 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(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 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 Days**  
**Unknown** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **923**  
(d) Street No. **1411 So. Bdway.,**  
(If rural, give location)  
(e) Citizen of foreign country? **Unknown** (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

**3. (a) PRINT FULL NAME** **Alexander Burke**  
**3. (b) If veteran,** name war **Unknown** **3. (c) Social Security** No. **Unknown**

**4. Sex** **Male 0** **5. Color or** race **White** **6. (a) Single, widowed, married,** **2** divorced **Widower**  
**6. (b) Name of husband or wife** **Unknown.** **6. (c) Age of husband or wife if** **Unknown** years  
alive **Unknown**

**7. Birth date of deceased** **Unknown** **JAN. 27 - 1863**  
(Month) (Day) (Year)

**8. AGE:** Years **77 75** Months **8** Days **23** If less than one day **25**  
hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **Unknown**

**11. Industry or business** **Unknown**

**12. Name** **Unknown**

**13. Birthplace** **Unknown 9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown 9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Ann P. Morrison**  
**(b) Address** **St. Louis City Hospital**

**17. (a) BURIAL** **(b) Date thereof: 10-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **CALVARY**

**18. (a) Signature of funeral director** **Allen & Kelly**

**(b) Address** **1416 N. Taylor Ave.**

**19. (a) OCT 24 1942** **(b) J. H. Brudeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **22**,  
year **1942** hour **7:30** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **October**  
**6**, 19 **42** to **October 22**, 19 **42**  
that I last saw him alive on **October 22**, 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pyelonephritis**  
**Non-calculous**  
Due to \_\_\_\_\_

Due to **Hypertrophy of Prostate**

Other conditions **127**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **Hypertrophy of Prostate**

Duration \_\_\_\_\_  
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)  
(b) Means of injury \_\_\_\_\_

**23. Signature** **Frank G. Lambert** (M. D. or other) **M.D.**

Address **1515 Lafayette Avenue** Date signed **10/23/42**

**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.....

Licensed Embalmer No. *4078*

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.**