

FILED OCT 28 1942 318

State File No. \_\_\_\_\_

1003

8599

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
2100a Eugenia  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Burke

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Unavailable about 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 70 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Cy Lewis  
13. Birthplace Unavailable Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Georgia Ann Flemmings  
15. Birthplace Unavailable Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Furks  
(b) Address 2100a Eugenia St.

17. (a) Burial (b) Date thereof 10-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) OCT 16 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14  
year 1942 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from October 8, 1942 to October 14, 1942  
that I last saw her alive on October 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis (Autopsy)  
Cardiac Hypertrophy (Autopsy) Unk.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Unk.

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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. E. Smith (M. D. or other) \_\_\_\_\_  
Address 2601 Whittier Date signed 10/15/42

**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.....  
.....**James A. Johnson**..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*James A. Johnson*  
.....  
Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Ave.**

**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.**