No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3994

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1145

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 12 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 26 000

(c) City or town ST. LOUIS. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1618 N 16. STR.
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby ROBERT JOS. BURKE.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 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 JAN (Month) 24th (Day) 1943 (Year)

8. AGE: Years — Months — Days 10 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) O

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name OSCAR BURKE
13. Birthplace MISSOURI. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LOTTIE MAJEWSKI
15. Birthplace ST. LOUIS MO. O (City, town, or county) (State or foreign country)

16. (a) Informant Mary Majewski
(b) Address 1618 N 16th Str.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 4 = 43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brockland Und. Co
(b) Address 1827 HOGAN. STR

19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4. year 1943 hour 12.40 minute A. M.

21. I hereby certify that I attended the deceased from January 24. 1943 to February 4. 1943 that I last saw him alive on February 4. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to Icterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C. L. Meeker (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalming

..... Registered Apprentice No. John B. Brockland

working under my personal supervision. Sec-Treas Brockland Emdt

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.