

FILED MAR 30 1943
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2625

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 yr. 6 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5351 Delmar Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Homer W. Burke

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 18,
 year 1943 hour 2.15 minute A. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed

21. I hereby certify that I attended the deceased from September 20, 1931 to March 18, 1943,
 that I last saw him alive on March 17, 1943,
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emma Vogel Burke
 6. (c) Age of husband or wife if alive years

Immediate cause of death
Thrombo-Angiitis Obliterans

7. Birth date of deceased August 11, 1867
(Month) (Day) (Year)

Due to
 Due to

8. AGE: Years Months Days If less than one day
75 7 7 hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Burlington, Illinois
(City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy

10. Usual occupation Retired

11. Industry or business

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

12. Name William J. Burk
 13. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)

(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

14. Maiden name Sarah P. Burk
 15. Birthplace Camden, N. J.
(City, town, or county) (State or foreign country)

23. Signatures [Signature] M. D. or other
 Address 508 N. Grand St. Date signed 3-18-43

16. (a) Informant
 (b) Address 5351 Delmar Blvd. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 3/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 42 34 Manchester

19. (a) MAR 19 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

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

MOTHER FATHER

Duration
3 yrs.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *Flora Eynok*
Licensed Embalmer No..... *1284*
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.