

ED APR 19 1943 18

1003

3226

Registration District No.

Primary Registration District No.

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:  
Christian Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 5 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 3823 Kennerly Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME

Mary M. Burke

3. (b) If veteran,  
name war..... none

3. (c) Social Security  
No..... None

4. Sex..... Female

5. Color or  
race..... White

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

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

John A. Burke

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

7. Birth date of deceased.....

Sept. 30, 1883  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

59

6

4

hr.

min.

9. Birthplace.....

St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

At Home

11. Industry or business.....

MOTHER FATHER

12. Name.....

Martin Finn

13. Birthplace.....

Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name.....

Unknown

15. Birthplace.....

Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

John P. Burke

(b) Address.....

3823 Kennerly Ave.

17. (a).....

Burial  
(Burial, cremation, or removal)

(b) Date thereof..... 4/7/43  
(Month) (Day) (Year)

(c) Place: burial or cremation.....

Calvary Cem

18. (a) Signature of funeral director.....

W. Astor  
(b) Address..... 2117 E. Grand Blvd.

19. (a).....

APR 5 1943  
(Date received local registrar)

J. F. Budeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 4  
year..... 1943 hour..... 4 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from.....  
3-31-1943 to..... 4-3-1943

that I last saw her alive on..... 4-3-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial Failure

Duration

4/4/43

Due to.....

Hypertension, Chronic

Due to.....

Arteriosclerosis, Gen.

Other conditions.....

(Include pregnancy within 3 months of death)

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?

While at work?.....

(Specify type of place)

(e) Means of injury.....

23. Signature..... Nicholas Vitale (M. D. or other)..... MD  
Address..... 3861 St. Louis Ave. Date signed..... 4/5/43

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

3861 H. Lucia etc.  
A. 4113. Also Mar. 1681  
1-3 6-8

**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 Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Grand

**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.**