

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39547

State File No.

FILED DEC 22 1943 318

1003

Registrar's No. 10807

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:
ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WEEKS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ELLA BOURKE

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

4. Sex FEMALE / 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..... JULY 20 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 16 hr. min.

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

10. Usual occupation..... AT HOME

11. Industry or business.....

12. Name..... MICHAEL BOURKE

13. Birthplace..... IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name..... JENNIE BECK

15. Birthplace..... DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant..... MRS. ARTHUR R. PERRY

(b) Address #..... " " AMBLER RD. MERCHANTVILLE

17. (a) CALVARY (b) Date thereof..... 12-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 2840 Lindell Blvd

19. (a) DEC 8 1943 (Date received local registrar) J. F. Budack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3706 CONNETTICUTT AVE.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 6 year 1943 hour..... minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1943 to Dec 7 1943
that I last saw h. ex. alive on Dec 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... general Carcinomatous originating in left Breast
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... no

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..... Wm P. Glennon (M. D. or other)
Address..... Knickerbocker Club Bldg Date signed 12-7-43

Duration
2 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

*Dr W.P. Blinn
Dr John Hoopland
350 Dr*

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *73840 Lindell*

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.