

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED MAR 6 1944

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
 In this community Unknown

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")
 (d) Street No. 5800 Arsenal
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Burks
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race Colored
 6. (a) Single, widowed, married, divorced, Separated
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 25, year 1944 hour 5 minute 40 P. M.
 21. I hereby certify that I attended the deceased from February 24, 1944 to February 25, 1944; that I last saw him alive on February 25, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 60 hr. _____ min.

Immediate cause of death Right indirect complete incarcerated inguinal hernia (P.O.)
 Duration 8 days
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

9. Birthplace Unknown
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Phoebe Burke
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
 (b) Address 2601 N. Whittier St.

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? _____

17. (a) Date of death 2-29-44
(Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director J. W. Kutzer
 (b) Address 3400 Kutzer
 19. (a) FEB 20 1944
(Date received local registrar) J. F. Bruneck
(Registrar's signature)

23. Signature M. Jackson (M. D. or other) _____
 Address 2601 N. Whittier Date signed 2/24/44

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

MOTHER FATHER

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.....

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.