V. S. No. 2
30M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24107

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 765

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2215 Messanie St. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary E. Burke

3. (b) If veteran, name war 0

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Patrick M. Burke

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

7. Birth date of deceased November (Month) 24, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	7	29	hr. min.

9. Birthplace Flint (City, town, or county) 1 Michigan (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Robinson
13. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bowen
15. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs Betty Dreher
(b) Address 315 S 8 24th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 26 (Day) 1944 (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 7/26/44 (Date received local registrar) (b) Helen J. Rikle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from Feb 4, 1944 to July 5, 1944;
that I last saw her alive on July 5, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Esophagus (Primary)	6 mon.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46a

Major findings:
Of operations Some (Gastrostomy)
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hardigan 0 (M. D. or other)
Address 620 Francis Date signed 7/26/44

1377

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1944

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.