. S. No. 2
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ev. 5-17-39
I X35697

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

7545

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 13 1945

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2713

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: Lutheran Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 3 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. 5407 Loughborough Avenue.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie Burk.

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, divorced Widowed.

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

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

7. Birth date of deceased January (Month) 10, (Day) 1868. (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	15	hr. min.

9. Birthplace ? (City, town, or county) Indiana. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Jessie Fry.
13. Birthplace ? (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Hulda Palmer.
15. Birthplace ? (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant Mrs. Elsie Schmitz.
(b) Address 5407 Loughborough Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-1945. (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) MAR 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th. year 1945 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on 3/24/45 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia lobar	10 days
Due to Fractured rt. hip	2/23/45
Due to Accident	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Secondary to fracture
(b) Date of occurrence
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 5235 Elizabeth (Specify type of place)
While at work? No (e) Means of injury Fell down

23. Signature Walter H. Hoefer (M. D. or other)
Address 2602 S. Grand Date signed 3/26/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.H.V.Hoefer. and Thos.F. Callanan, Coroner for O.K.
2602 So. Grand Blvd.
12 to 3 P.M.
Prospect 5172

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.