

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **31406**
Registrar's No. **2221**

FILED SEP 22 1945
307

Registration District No. **307** Primary Registration District No. **6076**

1. PLACE OF DEATH: **ST. LOUIS**
(a) County **ST. LOUIS**
(b) City or town **RURAL - Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
218 West Loretta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **58** years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **96**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **218 W. Loretta**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John James Burke**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Kamer**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **May 28, 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 **3** **17** hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Packing Company**

MOTHER, FATHER { 12. Name **Tobas Burke**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Schrandt**
15. Birthplace **Holland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Burke**

(b) Address **218 W. Loretta**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/17/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Beiderwieden F. H., Inc.**
(b) Address **1936 St. Louis Ave.**

19. (a) **9-15-45** (Date received local registrar) (b) **E. H. Heran** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **14th**
year **1945** hour **8 45** minute **A** M.

21. I hereby certify that I attended the deceased from **Death without medical attendance.** to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
-Of operations _____
Of autopsy **No 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) _____
(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)
(c) Means of injury _____
23. Signature **E. H. Heran M.D.** (M. D. or other)
Address **601 Brentwood Blvd.** Date signed **9/15/45**

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

6
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~~copy~~

SEP 25 1945
OCT 1 1945

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.....

working under my personal supervision.

~~copy~~

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No..... 3737

P. O. Address..... 1936 St. Louis

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.