

FILED JAN 21 1946

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 25

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:
Forest Park Hotel - 4910 W. Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Aloysius Burke

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Rose M. Burke 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: July 22, 1900
(Month) (Day) (Year)

8. AGE: 45 Years Months Days If less than one day
5 10 hr. min.

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

10. Usual occupation Secretary Treasurer Milk Wagon Drivers

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick J. Burke

{ 13. Birthplace Ireland 4

{ 14. Maiden name Mary Ann O'Shaughnessy

{ 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Patrick J. Burke Jr.

(b) Address 4646 Bessie Ave.

17. (a) Burial (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

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

(b) Address 3840 Lindell Blvd.

19. (a) JAN 3 1946 (b) _____
(Date received local registrar) (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. 4910 West Pine Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd.
year 1946 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 2nd 13th degree burn
entire body when found sitting in chair
in Room 307 of the Forest Park Hotel
due to which there was a fire caused
by defective wiring around 4:05 AM
Jan 2, 1946
Flames & Building \$300 value
\$5000

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) Accident

(b) Date of occurrence Jan 2 1946

(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?
At apartment

While at work? _____
(Specify type of place) Means of injury 6 above

23. Signature Arthur J. Donnelly (M. D. or other) _____
Address _____ Date signed 1/3/46

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

2354

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

3840 Leindell

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.