

S. No. 2
OM-5-43
Rev. 5-17-39
1 X36671

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(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 **11 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **1705a N. Garrison**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Harry Burks**

3. (b) If veteran, name war **Worlds War 2**

3. (c) Social Security No. **Unk**

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Estella Burks**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **August 22, 1914**
(Month) (Day) (Year)

8. AGE: Years **31** Months **9** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business **Laclede Bkg. Co**

12. Name **Robert Ross Unknown - Burks**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret (Unknown)**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Estella Burks**

(b) Address **1705a N. Garrison Ave.**

17. (a) **Burial** (b) Date thereof **6/15/46**
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem**

18. (a) Signature of funeral director **R. M. C. Green**

(b) Address **3517 Laclede Ave**

19. (a) **JUN 12 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9** year **1946** hour **5** minute **48** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage and diaphragmatic hernia followed by shock complicated with knife wounds to the back of one chest.**

Due to **Major cut in an artery in front of 2511 N. Glasgow**

Other conditions **Arrested 9:46 pm - June 7 1946**
(Include pregnancy within 3 months of death)

Major findings: **167**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **June 7 1946**

(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**

While at work? **Public place** (Specify type of place) _____

(b) Means of injury **Knife**

23. Signature **J. F. Brudeck** (M. D. or other) _____

Address **3517 Laclede Ave** Date signed **6/12/46**

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

MOTHER FATHER

JUL 30 1946

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.....

Melvin Edward Green, Registered Apprentice No. *383*
working under my personal supervision.

Signed... *M. Green*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3517 Saclde av*.....

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.