

FILED NOV 28 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39491**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10583**

1. PLACE OF DEATH:

(a) County.....
(b) City or town... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. **6241 Itaska St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Nov.** day... **15**
year... **1947** hour... **7:50** minute... **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. **Fracture of skull;
Laceration of the brain; when struck
by an automobile driven by Harry
R. Alm at the intersection of
Chippewa and Brannon, around
8:07 P.M., November 11, 1947**

Duration

Due to... **CRIMINAL CARELESSNESS**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations... **110-5-8**
Of autopsy... **7**

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)... **SEE ABOVE**
(b) Date of occurrence... **Nov. 11, 1947**
(c) Where did injury occur?... **St. Louis, Mo.**
(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? **no** (Specify type of place) **See above**
(e) Means of injury

23. Signature... **Patrick E Taylor** (M. D. or other) **3**
Address... **1300 Clark** Date signed... **11-17-47**

3. (a) PRINT FULL NAME **DR. FABIAN J. BURKE**

3. (b) If veteran, name war... **None** 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... **Agnes** 6. (c) Age of husband or wife if alive... **39** years

7. Birth date of deceased... **June 12 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 3 hr. min.

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

10. Usual occupation... **M. D.**

11. Industry or business.....

12. Name... **James Burke**

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

14. Maiden name... **Unknown**

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

16. (a) Informant... **Agnes Burke**

(b) Address... **6241 Itaska St.**

17. (a) **Burial** (b) Date thereof... **11-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Resurrection Cemetery**

18. (a) Signature of funeral director... **Kriegshauser Und. Co.**

(b) Address... **4228 So. Kingshighway Bl.**

19. (a) **NOV 17 1947** (Date received local registrar)
J. F. Pusch (Registrar's signature)

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

MOTHER FATHER

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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.