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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7317  
Registrar's No. 502

FILED MAR 8 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
608 Kingsland Avenue.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Mary 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 Married  
6. (b) Name of husband or wife Alfred Burk  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased: Unavailable  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 86? ? ? hr. min.

9. Birthplace Unknown England //  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Unknown Cunningham //

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown //

16. (a) Informant Alfred Burk

(b) Address 608 Kingsland Avenue.

17. (a) Cremation (b) Date thereof 2/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director, Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 2-29-48 (b) Beulah Hoppe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 96  
(c) City or town UNIVERSITY CITY MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 608 Kingsland Ave 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 48 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from her  
one ten - about to 2 hours before death  
that I last saw her alive on July 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration \_\_\_\_\_

Due to Slow poisoning from  
3 or 4 days

Due to Wus cyclicatic when  
first saw her  
the medicine of injury r  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93d

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) \_\_\_\_\_  
(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)  
(e) Means of injury \_\_\_\_\_

23. Signature D.R. Parnian (M. D. certifier)  
Address 3903 Olive St. Date signed 3/23-48

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**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

*No Embalmer*

Licensed Embalmer No.....

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.**