

No. 300  
-10-47  
5-17-39  
-1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 21 1948

318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20717  
State File No. 5165  
Registrar's No.

Registration District No. Primary Registration District No. 1003

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: Missouri Pacific 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 Kansas (b) County Barton 999  
(c) City or town Hoisington 14  
(If outside city or town limits, write "RURAL") 10  
(d) Street No. Giffin Hotel  
N.R. (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edgar Lewis Burke Jr.  
3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. 702-18-0403

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 3  
year 1948 hour 11 minute 00 P. M.  
21. I hereby certify that I attended the deceased from May 18  
1948 to June 3 1948  
that I last saw him alive on June 3 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 0 | 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased December 29 1898  
(Month) (Day) (Year)

Immediate cause of death Hypertension  
Duration \_\_\_\_\_

8. AGE: Years 49 Months 5 Days 4  
If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Chromophobe Tumor Pituitary  
Due to Malignant

9. Birthplace Wynne Arkansas  
(City, town, or county) (State or foreign country)

Other conditions Diabetes  
(Include pregnancy within 9 months of death)

10. Usual occupation Conductor  
11. Industry or business Railroad

Major findings: Diabetes  
Of operations Chromophobe tumor Pituitary gland  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Edgar L. Burke  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Leotoa Harrel  
15. Birthplace Wynne Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph L. Burke  
(b) Address Hoisington, Kansas  
17. (a) Removal (b) Date thereof 6-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wynne, Ark.

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? \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) JUN 4 1948 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature John Ellis (M. D. coroner)  
Address 1200 Gas Hospital Date signed June 3 1948

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

SEP 1 1948

5165

**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 John S. Dinnehy  
Licensed Embalmer No. 4194  
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.**