DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24144

State File No. 6705

Primary Registration District No. 1003

Registrar's No.

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:
DePaul Hospital 6
(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 St. Louis 76

(c) City or town Pine Lawn, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3912 Jennings Road 0
(If rural, give location)

NR

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John G. Burcke

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-7899

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Burcke

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 30, 1881.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	67	5	28	hr. min.

9. Birthplace Florissant, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance man

11. Industry or business

FATHER
12. Name August Burcke
13. Birthplace Florissant, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Gerbes
15. Birthplace Florissant, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Burcke
(b) Address 3912 Jennings Road

17. (a) Burial (b) Date thereof July 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sacred Heart Cem., Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 30 1948 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour 7.00 minute P.M. M.

21. I hereby certify that I attended the deceased from Apr 17, 1948, to Jul 28, 1948
that I last saw him alive on July 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cancer of Pancreas

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. White (M. D. or other) MD

Address 2803 N Kingsbury Date signed 7 30 48

(Licensed Embalmer's Statement on Reverse Side) W.H.WHITE

Dr. W.H.White
2801 N. Kingshighway
Fo1336. 1-3 P.M.

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 Anthony Bonn, Registered Apprentice No. 102 working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.