

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

24146

Registrar's No.

6869

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.....
Alexian Brothers 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)

3. (a) PRINT

FULL NAME William J. Burke

3. (b) If veteran,

name war.....

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..... Annie
 6. (c) Age of husband or wife if alive..... 60 years
 7. Birth date of deceased..... February 2, 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 2 hr. min.

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

10. Usual occupation..... Mail Department
Wabash Railroad

11. Industry or business.....
James Burke

12. Name.....
 13. Birthplace..... Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name..... Anna McGrath

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

16. (a) Informant..... Annie Burke

(b) Address..... 3628 Winnebago Ave.

17. (a) Burial (b) Date thereof..... 8-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director.....
 (b) Address..... 1205 Union Blvd

19. (a) AUG 5 - 1948 (b) J. B. Budek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3628 Winnebago Ave.
16 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 4
 year..... 1948 hour..... 3 minute..... 45 M.

21. I hereby certify that I attended the deceased from.....
 19..... to.....
 that I last saw him alive on.....
 and that death occurred on the date and hour stated above.
 Duration.....

Immediate cause of death.....
Acute Pericarditis

Due to.....

Due to.....

Other conditions.....
 (Include pre-existing conditions, if any)

Major findings:
 Of operations.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... Means of injury.....

23. Signature.....
 Address..... Date signed.....

(EIMER SEXTON)

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

Gustav W. Dittel

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo

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.