No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34959

Registration District No. 3707 Primary Registration District No. 3069 Registrar's No. 2343

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #1323 McCutcheon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 McCutcheon
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kathryn T. Burke
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John S. Burke 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 1st 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 11 If less than one day hr. min.

9. Birthplace East St. Louis, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name No Record Mangan
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Scullin
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Wm C. Burke
(b) Address 1323 McCutcheon - Richmond Hts. Mo.
17. (a) Removal E. St. Louis (Burial, cremation, or removal) (b) Date thereof 10-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel
18. (a) Signature of funeral director B. M. Buchler
(b) Address #2218 State St., E. St. Louis, Ill.
19. (a) 10-13-48 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1948 hour minute P. 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.

Duration

Immediate cause of death self-administered carbon monoxide poisoning-body found in kitchen of apartment.

Due to

Due to 1630

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Suicide
(b) Date of occurrence October 12, 1948
(c) Where did injury occur? Richmond Heights, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Asphyxia
23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 10/13/48.

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2470

P. O. Address E. St Louis Ill

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.