

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6016**  
Registrar's No. **1590**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>752 DOVER PLACE. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>752 DOVER PLACE.</b>			
3. NAME OF DECEASED a. (First) <b>MARY</b>		b. (Middle) <b>BURKE</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 17 - 49</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>APRIL 18 63</b>
9. AGE (In years last birthday) <b>85 yrs.</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>NIL</b>	
11. BIRTHPLACE (State or foreign country) <b>ENGLAND 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES BURKE</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET WALSH</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Robert Disch</b> ADDRESS <b>4225 Peck St</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis, general</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-8-49</b> , to <b>2-17</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>2-17-49</b> , and that death occurred at <b>7:25 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Raymond T. Martin, M.D.</b>		23b. ADDRESS <b>5203 Chippewa</b>	
23c. DATE SIGNED <b>2-18-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 19 - 49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 19 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>	
FURNERAL DIRECTOR'S SIGNATURE <b>E. J. Schmur</b>		ADDRESS <b>3125 Lafayette St</b>	

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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.....

....., Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. *4014*

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.**