

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31643
State File No. 8598

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 20 th	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 3712 So. Jefferson Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3712 So. Jefferson Ave			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J. c. (Last) BURKE		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1949	
5. SEX M / W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /	8. DATE OF BIRTH 7-12-1878
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) LaSalle Illinois	
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Pat Burke		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Katherine	
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 John Burke	
				ADDRESS 3712 So. Jefferson Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Liver & Rectum</i>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1998	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma</i>		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) <i>Holt</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>35 X</i>	

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 4, 1949, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Willard F. Nash D.O.</i>		(Degree or title)		23b. ADDRESS <i>1829 S. 18th St. St. Louis, Mo</i>	
23c. DATE SIGNED <i>10/5/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-7-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>		(State)	

DATE REC'D BY LOCAL REG. <i>OCT 5 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Allen W. McLaughlin</i>	
				ADDRESS <i>2301 Lafayette Ave</i>	

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

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.

Student
Student Embalmer

Signed L. R. Cooper

Licensed Embalmer No. 9633

P. O. Address 2301 Lafayette

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.