

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18040
1814

BIRTH NO. _____ REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 3235 Montgomerly	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) Lee c. (Last) BURKE			4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 25-1868		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UP	
10b. KIND OF BUSINESS OR INDUSTRY UP		11. BIRTHPLACE (State or foreign country) Vir		12. CITIZEN OF WHAT COUNTRY? /	

13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE	
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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 Margaret Kelly 2335 Montgomerly	
				ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
		DUE TO (b) Carcinoma of prostate					
		DUE TO (c) with metastasis					
II. OTHER SIGNIFICANT CONDITIONS		Carcinomatosis					
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? 177X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1005 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gabriel E. Taylor Coronar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 50		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
				24d. LOCATION (City, town, or county) (State) St. Louis MO	

DATE REC'D BY LOCAL REGS. JUN 1 1950		REGISTRAR'S SIGNATURE J B Sauter		5. FUNERAL DIRECTOR'S SIGNATURE Margaret Kelly 4386 Lindell	
				ADDRESS	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph M. Henson

Signed.....
Student Embalmer

Licensed Embalmer No. *3791*

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.