

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY MISSOURI St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CITY OF JENNINGS, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE COUNTY Hospital		d. STREET ADDRESS (If rural, give location) 4207 W. FARLIN	

3. NAME OF DECEASED (Type or Print) ANNA	a. (First)	b. (Middle) M.	c. (Last) BURKE	4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 4 1891	9. AGE (In years last birthday) (Month) (Day) (Min.) 58 9 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY KLASEK LETTER Co	11. BIRTHPLACE (State or foreign country) ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN TOOMEY	13b. MOTHER'S MAIDEN NAME MARGARET LEASON	14. NAME OF HUSBAND OR WIFE ANDREW BURKE (DECEASED)
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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 CHARLES W. KLASEK	ADDRESS 6471 LLOYD
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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, ashenia, 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) internal injuries and shock-		
	ANTECEDENT CAUSES occupant of automobile which Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) crashed into telephone pole.		
II. 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 400 819.4	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Public Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jennings St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 5 7 50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above
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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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Willmann	(Degree or title) Coroner 3	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 5/9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 11 1950	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. 5-9-50	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

15000
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VS MAR 14 1960

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.....

Leo J. Budde

Signed.....

Student Embalmer

Licensed Embalmer No. 3989

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.