

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17892

State File No. 4372

FILED MAY 17 1951

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|---|-------------------------------|---|--------------------------------------|---|------------------------------|--|----------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4008 Cleveland Avenue</u> | | | | e. STREET ADDRESS (If rural, give location) <u>4008 Cleveland Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | b. (Middle) <u>Ellen</u> | | c. (Last) <u>Burke</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 31, 1867</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Days _____ | IF UNDER 1 MIN. Hour _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Washington D. C.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>Thomas Burke</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Hickey</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Power 4008 Cleveland Av</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | 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) _____ | | 21f. HOW DID INJURY OCCUR? <u>153X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>4-20-1951</u> to <u>5-8-1951</u> , that I last saw the deceased alive on <u>5-8-1951</u> and that death occurred at <u>12:15 A.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Philip Schuck M.D.</u> | | 23b. ADDRESS <u>1703 S Grand</u> | | 23c. DATE SIGNED <u>5-8-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 10, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 9 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros. 2201 So. Grand Blvd.</u> | | | |

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.....

Ronald B. Yaluka

Signed.....
Student Embalmer

Licensed Embalmer No.....

3917

P. O. Address.....

St. Louis

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.