

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4090</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				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 township) OR TOWN <u>JEFFERSON BRKS., MO.</u> LENGTH OF STAY (in this place) _____ DAYS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5038 WATERMAN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDWARD</u>		b. (Middle) <u>J.</u>		c. (Last) <u>BURKE</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>24</u>		(Year) <u>51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-1-87</u>	
9. AGE (In years last birthday) <u>64 YRS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CRIMINAL INVESTIGATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>MINNEAPOLIS, MINN.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JAMES BURKE</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH HARRINGTON</u>		14. NAME OF HUSBAND OR WIFE <u>NORA BURKE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW-I</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>VA HOSPITAL RECORDS JEFF BRKS. MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		4000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ -VA - - 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 <u>7-30-51</u> , 19 <u>51</u> , to <u>12-24-51</u> , 19 <u>51</u> , that I last saw the deceased <u>on 12-24-51</u> and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Heuley MD</u>				23b. ADDRESS <u>VETS ADM HOSP, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>12-24-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Alexander &amp; Sons, Inc. 6175 Delmas</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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Jos. E. McCulloch*  
Licensed Embalmer No. 2460

P. O. Address 6125 Dalm

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.