.S. No. 300
ev. 10.48

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

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0545

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3912 Flad Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2179
d. STREET ADDRESS (If rural, give location) 3912 Flad Avenue 0

1 17

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Burke

4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1953

5. SEX 1 Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH 3-21-1851

9. AGE (In years last birthday) 71 If under 1 year: Months Days; If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) England 4

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Michael Hessoin

13b. MOTHER'S MAIDEN NAME Ellen Hart

14. NAME OF HUSBAND OR WIFE Thomas Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 496m18-1906

17. INFORMANT'S SIGNATURE OR NAME Mary Burke **ADDRESS** 3912 Flad Avenue

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: FEW MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) NEPHRITIS — FEW YRS
DUE TO (c) HYPERTENSION + ARTERIOSCLEROSIS — MANY YRS

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

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 446X

22. *I hereby certify that I attended the deceased from* 4-21, 1950 *to* 1-16, 1953 *that I last saw the deceased alive on* 1-14-, 1953, *and that death occurred at* 6:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS 4500 West Pine St. Louis Mo.

23c. DATE SIGNED 1-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-19-53

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) St. Louis Missouri (State)

DATE REC'D BY LOCAL REG. JAN 19 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Finan **ADDRESS** 1519 S. Grand Blvd.

MBB

(Licensed Embalmer's Statement on Reverse Side)

1664

IN

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~~ Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed: Elton R. H. Remelius

Licensed Embalmer No. 4283

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.