

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6602**

FILED MAR 9 - 1953

0500 #

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

| | | | | | | | | |
|--|--|--|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>162</u> | | PRIMARY REG. DIST. NO. <u>5594</u> | | Registrar's No. <u>18</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____ | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-MERAMEC</u> | | c. LENGTH OF STAY (In this place) <u>5 mo. 3 days</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>2079, ST. LOUIS</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5430 WREN AVE.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JOSEPH BURKE</u> | | | a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23 1953</u> | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH <u>MAY 13, 1879</u> | | |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months Days <u>9 10</u> | | IF UNDER 24 HRS. Hours Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CITY DEPT.</u> | | 11. BIRTHPLACE (State or foreign country) <u>IRELAND</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>RICHARD BURKE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>BRIDGET FINNERTY</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 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 <u>Brother Paschal, Eureka, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERSTATIC PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO-SCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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>9/23</u> , 19 <u>52</u> , to <u>2/23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/23</u> , 19 <u>53</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>J. M. ...</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>NORMANDY MO. 4323 ROLAND DRIVE</u> | | 23c. DATE SIGNED <u>2/23/53</u> | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2/26/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u> | | |
| DATE REC'D BY LOCAL REG. <u>Feb 28-53</u> | | REGISTRAR'S SIGNATURE <u>Ruth J. ...</u> <u>438</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u> | | | | |

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAR 3 1953

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.....
Student Embalmer

Signed.....

Albert Mayfield

Licensed Embalmer No.....

3077

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.