

## THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

7409

State File No. ....

Registrar's No. ....

FILED FEB 25 1953

318

1003

1244

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>					d. STREET ADDRESS (If rural, give location) <b>25 1505 Market Street.,</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) <b>F.</b>		c. (Last) <b>Burke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 27, 1953</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr 23 1873</b>		9. AGE (In years last birthday) <b>79</b> Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Electrician</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Bellevue, New Jersey</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Edmund Burke</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Finnegan</b>			14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>			16. SOCIAL SECURITY NO. <b>496-18-9284A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas M. Brady, Pub. Adm.</b>				ADDRESS <b>St. Louis,</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> 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)					
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? <b>490X</b>					
22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>202 P.</b> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>					23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>2-2-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-3-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>FEB 2 1953</b>		REGISTRAR'S SIGNATURE <b>Albert H. Hoppe</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>						

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.