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FILED NOV 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34384

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 159 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HILLSBORO Mo</u>	c. LENGTH OF STAY (in this place) <u>2 2/3 mos</u>	c. CITY OR TOWN <u>TENBROOK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u> b. (Middle) <u>BURLE</u> c. (Last) <u>BURLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 24 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 26 1879 79</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>BURLE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ZIMMERMANN</u>	14. NAME OF HUSBAND OR WIFE <u>ANNIE BURKE (DEC'D)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-12-6155</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HELEN ENOS GRANITE CITY ILL</u>	ADDRESS
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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>Carcinoma of prostate, with metastases to right humerus and lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 11, 1954, to Oct. 24, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell MD</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>Oct 26, '54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>OCT 27 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-26-54</u>	REGISTRAR'S SIGNATURE <u>Harleen Marden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Katis</u>	ADDRESS <u>2966 Glasgow</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Mr. T. L. Donnell
Boyd St. Results,

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

NOV 12 1954

DATE RECEIVED

NOV 8 1954

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.....
Signature of Student Embalmer

Signed *Leo J. Budd*.....
Licensed Embalmer No. *398*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.