No. 300
10.48

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9459

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

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) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DE-PAUL-HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY —
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 26 1710 A NO. 20TH ST. 2269

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD — b. (Middle) J. — c. (Last) BURKE (SR.)

4. DATE OF DEATH (Month) OCT. (Day) 17TH (Year) 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH FEB. 17TH ~~1894~~ 1892
9. AGE (In years last birthday) 63 YRS. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT-WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY ATLAS-ENAMELING-CO.
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS — MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN—
13b. MOTHER'S MAIDEN NAME MARGARET-HOUGH.
14. NAME OF HUSBAND OR WIFE MARGARET-BURKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 486-16-1110
17. INFORMANT'S SIGNATURE OR NAME MARGARET-BURKE = 1710 A NO. 20TH ST. ADDRESS

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) Carcinoma of Throat — INTERVAL BETWEEN ONSET AND DEATH 30

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 NO
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? 148X

22. *I hereby certify that I attended the deceased from* 9 18, 19__, *to* 10 17, 1954, *that I last saw the deceased alive on* 10 17 54, 19__ *and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE B. F. Sheegal (Degree or title)
23b. ADDRESS 1878 Madison
23c. DATE SIGNED 10/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE OCT. 20 1954
24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

DATE REC'D BY LOCAL REG. OCT 18 1954
REGISTRAR'S SIGNATURE J. Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827-HOGAN-ST.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Paul A. Wachte

Licensed Embalmer No. 478

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.