

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9222**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b> c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>Florissant</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rt. 2, Box #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HERMAN</b> c. (Last) <b>BURCKE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 30, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 9, 1889</b>	9. AGE (In years last birthday) <b>65</b>	# MOON 1 YEAR <b>6</b>	# MOON 1 DAY <b>21</b>	# MOON 1 HR. <b></b>	# MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mc Donnell Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florissant, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>August Burcke</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Gerkes</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Helen Burcke</b>
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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) <b>Yes WW #1</b>	16. SOCIAL SECURITY NO. <b>497-01-1900</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mary H. Burcke, Florissant, Mo.</b>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Nephro-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		Unknown
	DUE TO (c)		
11. 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 <b>460X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March 26, 1955**, to **March 30, 1955**, that I last saw the deceased alive on **March 29, 1955**, and that death occurred at **6:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Reeves M.D.</b> (Degree or title)	23b. ADDRESS <b>St. Charles, Missouri</b>	23c. DATE SIGNED <b>April 1, 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-2-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery, Florissant, Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE RECD BY LOCAL REG. <b>April 1, 1955</b>	REGISTRAR'S SIGNATURE <b>Therese Hammett</b>	SIGNATURE <b>White Chapel, Ferguson, Missouri</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case 3  
1957

APR 30 1957

APR 19 1957

VS  
MAR 3 1961

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 *Eleanthovine*

Licensed Embalmer No. 3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.