

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42787

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11121

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Length of stay in lb 1-day	STREET ADDRESS (If outside, give location) 4525 Lindell Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle P. Last Burke				4. DATE OF DEATH Month Day Year Dec. 4, 1956			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 29, 1892		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Agent, K.J. Quinn & Co. Inc.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John E. Burke				14. MOTHER'S MAIDEN NAME Anna Twenhofel			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Josephine Burke, 4525 Lindell Blvd.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Arrest;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Aneurysm of the Abdominal Aorta</i> DUE TO (c) <i>Anesthesia</i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I and Part II, item 18.) <i>While undergoing operation (heart) at St. Luke's Hospital on</i>		20c. TIME OF INJURY Hour Month, Day, Year <i>December 4, 1956</i>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis</i>		20f. CITY, TOWN, OR LOCATION St. Louis		STATE Mo		434.3
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <i>3:45 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James M. Kelly Deputy</i>			22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>12-5-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Dec. 10, 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Arthur J. Donnelly, 3840 Lindell Blvd.</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 5 1956</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> m8B		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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All deaths, except those of children under 1 year of age, must be reported to the health department. Coroner cannot certify to a death due to natural causes.

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 *Francis Williamson*

Licensed Embalmer No. *35*

P. O. Address *3846 7*

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