S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-023173

FILED JUL 14 1958 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6466

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5400 Arsenal St., St. Louis 9, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): ROSIE
b. (Middle):
c. (Last): BURKE

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 26, 1882
9. AGE (In years last birthday): 75 — 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): Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods
11. BIRTHPLACE (City and State or Foreign Country): Farmington Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Thomas Burke
13b. MOTHER'S MAIDEN NAME: Laura Jane Starr
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Angie Burke — ADDRESS: 5179 Delmar Blvd

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fecal peritonitis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Perforation caecum

DUE TO (c) Intestinal obstruction

II. OTHER SIGNIFICANT CONDITIONS (d) Carcinoma of sigmoid

Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia - Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153.3
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?:

22. *I hereby certify that I attended the deceased from* Dec. 19, 1932, *to* June 25, 1958, *that I last saw the deceased alive on* June 25, 1958, *and that death occurred at* 11:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Anna Ryman, M.D. (Degree or title)
23b. ADDRESS: 5400 Arsenal St., St. Louis, Mo.
23c. DATE SIGNED: 6-26-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28/58
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery Farmington
24d. LOCATION (City, town, or county) (State): Mo.

DATE REC'D BY LOCAL REG.: JUN 27 '58
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Bull-Campbell Mortuary — ADDRESS: 5168 Delmar Blvd.

(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 embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer, No. 37

P. O. Address St. Louis

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