

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041632

FILED VS DEC 7 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. **2 9642**

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>DOA</b>	c. CITY OR TOWN <b>Koch</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Koch Hospital</b>
a. STATE <b>Mo</b>		b. COUNTY <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Thomas</b>	Middle <b>J. Burke</b>	Last	Month <b>Oct.</b>	Day <b>2,</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/22/98</b>	9. AGE (last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and state or country) <b>England</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>Peter Burke</b>	13b. MOTHER'S MAIDEN NAME <b>Bridget Morrissey</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-20-3623</b>	17. INFORMANT Address <b>Miss Rothwell 2331 Mullanphy St.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE **Fractured Skull.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_

\_\_\_\_\_ } DUE TO (c) \_\_\_\_\_

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) **Suffered valve attack by truck**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II (item 18).)  
**Car struck in front of about 8615 So. Broadway about 10:25pm**

20c. TIME OF INJURY Hour **10:25** p.m. Month, Day, Year **October 2nd 1959**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, factory, street office bldg., etc.) **015 Street**

20f. CITY, TOWN, OR LOCATION **St. Louis Mo** COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at **10:55 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, Class, etc.) **John M. Kelly**

22b. ADDRESS **1300 Clark**

22c. DATE SIGNED **10/30/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Oct. 21, 1959**

23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

23d. LOCATION (City, town, or county) **St. Louis** (State) **Mo.**

24. FUNERAL DIRECTOR **Allen Kelly** ADDRESS **7267 Natural Bridge**

25. DATE RECD. BY LOCAL REG. **OCT 21 1959**

26. REGISTRAR'S SIGNATURE **Lois Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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.

*Not Embalmed*

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James A. Lamm*

Licensed Embalmer No. 41142

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.