

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033367

295 110 REG# A 1142

317

Primary Registration District No. 500

Registrar's No. 2560

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 12 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) JEFFERSON BARRACKS, MISSOURI Length of stay in 95 DAYS		c. CITY OR TOWN ST. LOUIS (11) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL Inside Limits <input checked="" type="checkbox"/>		d. STREET ADDRESS 8520 MINNESOTA AVENUE (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle J. Last BURKE			4. DATE OF DEATH Month AUGUST Day 27 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY TAXI CAB		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM BURKE		13b. MOTHER'S MAIDEN NAME MARGARET FINN	
14. NAME OF HUSBAND OR WIFE LAURA M. BURKE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 486-14-2358	
17. INFORMANT LAURA M. BURKE (WIFE) Address 8520 MINN. AVENUE ST. LOUIS, MISSOURI (11)					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG WITH METASTASES		INTERVAL BETWEEN ONSET AND DEATH 1 Yr. Plus	
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **5-24-60** to **8-27-60**.
Death occurred at **10:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) Director Professional Services, VET ADM HOSP, JEFF BRKS, MO.		22b. ADDRESS		22c. DATE SIGNED 8-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, (25) Mo.		
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave. ADDRESS (11)		25. DATE RECD. BY LOCAL REG. 8-30-60		26. (REGISTRAR'S SIGNATURE) John B. Murphy M.D.	

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336

P. O. Address: St Paul

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