MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26976

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1006
City — (No. City Infirmary St. Ward)

File No.
Registered No. 8179

2. FULL NAME John Burke
(a) Residence. No. 5800 Arsenal St., #13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Dol
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1855

7. AGE: ~~[illegible]~~ YEARS 76 MONTHS 3 ~~[illegible]~~ DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer): ?
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Burke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary McCarthy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Effinger
(Address) 5800 Arsenal

15. FILED JUL 25, 1931 Max C Harkin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to July 24, 1931, that I last saw h. 1 M alive on July 24, 1931, and that death occurred, on the date stated above, at 8:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
100
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis
(duration) 2 yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED City Infirmary
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Maurice A Dieh M. D.
July 24 1931 (Address) City Hospital #1

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery — DATE OF BURIAL: July 25 1931

20. UNDERTAKER: J. H. Gebken L & U Co — ADDRESS: 2842 Meramec

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.