

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

Do not use this space.

791  
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3209

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5642, Park Lane St. 8 Ward)

**2. FULL NAME**

(a) Residence, No. 5642 Park Lane St. 8 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23, 1932</u>		
7. AGE YEARS	MONTHS	DAY
	<u>11</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>nil</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
13. NAME <u>Jack Eugene Burke</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
15. MAIDEN NAME <u>Thurley Clyne</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
17. INFORMANT (ADDRESS) <u>Jack Eugene Burke, 5642 Park Lane</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 4, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>John McCaslin Bros, 2929 N. Grand</u>		
20. FILED <u>JAN 1 1933</u> <u>W. C. Parker</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 - 20 - 1932 to Jan. 1 - 1933

I last saw him alive on Jan 1, 1933 Death is said to have occurred on the date stated above, at 5:15 pm.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis  
Otitis Media Bipolaris  
Capillary Bronchitis

Date of onset 10/16/32

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) W. C. Parker, M. D.

(Address) 7305 Natural Bridge

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

