MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County: 9

Registration District No. 791

Primary Registration District No. 1003

File No. 8583

Registered No. 2039

City: St. Louis (No. 4119a Page Blvd. St. 2 Ward)

2. FULL NAME: William Edward Burke Jr.

(a) Residence, No. 4119a Page Blvd. St., 1 Ward.
(Usual place of abode) (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Ruth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21 1904

7. AGE: Years 32 Months 6 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Typewriter Co.

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): St. Louis Mo

FATHER

13. NAME: William Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Donnivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Nellie Wibracht 4199a Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary Cemt DATE: 2/19/37, 19

19. UNDERTAKER (ADDRESS): Harrigan & Sheahan Und Co. 4415 Washington Blvd.

20. FILED FEB 18 1937, 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/17/37, 19

22. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1936, to Feb. 17, 1937

I last saw him alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 12:05AM

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

	Date of onset
Cirrhosis of the Liver	7 weeks
Myocarditis Acute	7 days
Results of Liver condition	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) 3532 Washington

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.

Dr Tremain
3531 N Washington