

MAY 25 1939

REC'D JUN 8 1939

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

19757

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 284
(b) Township Normandy Primary Registration District No. 205 Registered No. 952
(c) City Normandy (d) Street No. #7725 Augusta Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 James C. Burke St. #7725 Augusta (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marguerite Burke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, - 1868.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Gen Electric 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) Centerville
(STATE OR COUNTRY) Johnson Co, Mo

FATHER 13. NAME William Burke

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rachel Brammer

16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

17. INFORMANT Dr Fielding Poe
(ADDRESS) #7725 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo DATE May 16 - 39

19. FUNERAL DIRECTOR (NAME) R. P. Rupton & Son
(ADDRESS) #7233 Delvida Blvd.

20. FILED MAY 25 1939 A. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1918, to May 24, 1939
I last saw him alive on May 24, 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Date of onset

May 24

Other contributory causes of importance:

Coronary atherosclerosis of middle age

Name of operation none Date of _____What test confirmed diagnosis? Abnormal Was there an autopsy? no

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? no

If so, specify _____

(Signed) Charles A. Poe, M. D.(Address) 1566 N. Grand Ave

1506 No. St. Louis - Mo. 5817
2916 Walden Rd. Wa. 1313W

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.....

Clarence H. Murray
working under my personal supervision.

Registered Apprentice No.....

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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 this body is not embalmed, above space should be left blank.