

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.

CORRECTED COPY

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

Do not use this space.

**JUN 8 1939**

19861

**1. PLACE OF DEATH**

County Saint Louis  
Township Carondelet  
City Jefferson Barracks (No. 1620)

Registration District No. 784  
Primary Registration District No. 200  
Yet Anzi

File No. 9  
Registered No. 957  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John F. Burke

(a) Residence, No. 5630 Pershing Avenue St. \_\_\_\_\_ Ward. Saint Louis, Missouri.  
(Usual place of abode) Unkn. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939

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

22. I HEREBY CERTIFY, That I attended deceased from February 16 1939, to May 25 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1885

I last saw him alive on May 25 1939. Death is said to have occurred on the date stated above, at 3:30 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 5 22

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
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 \_\_\_\_\_

Carcinoma of larynx extending into surrounding structures of the neck and esophagus with esophageal occlusion. Date of onset Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

Other contributory causes of importance: Secondary hemorrhage. 47c 5-25-39

13. NAME John F. Burke

Name of operation See other side Date of 2-17-39  
Phys. clinical manif. and lab. NO  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown-Ireland

15. MAIDEN NAME Unknown-Catherine McGrath

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown-Ireland

17. INFORMANT C. J. Hughes Jefferson Barracks, Missouri

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5-29-39

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify See other side

19. UNDERTAKER Harrigan & Sherman Und. Co. (ADDRESS) 2415 Washington

(Signed) C. J. HUGHES, Chief Med. Officer, M. D.  
(Address) V.A.F., Jefferson Barracks, Mo.

20. FILED MAY 27 1939 C. J. Hughes Registrar

Operation: Gastrostomy, and Incision and drainage of cervical abscess. date: 2-17-39

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.....

.....working under my personal supervision.

.....Registered Apprentice No. ....  
Signed *Homer H. Fritz*  
Licensed Embalmer No. *3882*

.....P. O. Address.....

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.