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Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6991

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard Burkes

3. (b) If veteran, name war no

3. (c) Social Security No. 498-05-2031

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12-1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>5</u>	hr. min

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business Hebbers Saloon

12. Name Bartley Burkes

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Kennedy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Bartley Burkes

(b) Address 6318 E. 7th

17. (a) Burial (b) Date thereof 8-20-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Ch.

18. (a) Signature of funeral director Chas. St. Stuart

(b) Address 1235 Union Blvd.

19. (a) AUG 19 1940 (b) _____
(Date received at local health office) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1362 Woodfellow
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to Chronic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

- Of operations _____

- Of autopsy _____

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph M. Leman (M. D. or other) _____
Address Deputy Coroner Date signed _____

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Albert G. Haggie*

Licensed Embalmer No. *2971*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.