

FILED OCT 10 1940

No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 83177
Registrar's No. 1693

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7000 Amherst, Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether 0)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis,
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7000 Amherst, Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Ann Burke.
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1940 hour 10 minute 45 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael J. Burke.
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 20, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug-18
1940 to Sept 6 1940
that I last saw her alive on Sept 6 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 1 16 hr. _____ min.

Immediate cause of death Carcinoma - probably uterus
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Louisville, Ky. 1
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business _____
12. Name Leonard Bander.
13. Birthplace Alsace Lorraine Terr.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Gilfoyle
15. Birthplace Queens County, Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Halpin D. Burke.
(b) Address 4980 Potomac, St.

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)

17. (a) Burial (b) Date thereof 9/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) SEP - 7 1940 (b) R. McPherson
(Date received local registration) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Chautauquian (M. D. or other) _____
Address 620 N. Paper Ave Date signed 9/7/40

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

Mr. Theobald Beady
JC - 5191
after 1:30 pm

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 Clarence A. 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.