

FILED NOV 16 1940

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5321 Maffitt Ave.** **2**  
(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 **Margaret A. Burke**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 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: **February 15 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>6</b>	hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Thomas Burke**

13. Birthplace **Unknown Ireland**  
(State or foreign country)

14. Maiden name **Ellen or Heran**

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

16. (a) Informant **Catharine Burke**  
 (b) Address **5321 Maffitt Ave.**

17. (a) **Burial** (b) Date thereof **10-24-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**  
**Cullinane Bros.**

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address **1710 N. Grand Bldg.**

19. (a) **OCT 23 1940** (b) *J. B. B...*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis** **6**  
(If outside city or town limits, write "RURAL")  
**5321 Maffitt Ave.**  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**  
 year **1940** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **about 10 yrs.**  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him **or** alive on **Oct. 17, 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Hypertrophic Arteritis, causing complete deformity-bedfast for 10 years, Chronic Myocarditis, General Arteriosclerosis ? Interstitial Nephritis Chronic ? Secondary: Uremia, Uremic Coma 2-3 wks.** Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **None**  
 Of operations \_\_\_\_\_

Of autopsy **None**

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 *J. B. B...* (M. D. or other) **M.D.**  
 Address **3718 Jennings Rd., Pine Lawn** Date signed **10-22-40**

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**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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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.**