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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9179

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2589

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

079

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: 1306 BAYARD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 6

(c) City or town ST LOUIS 000
(If outside city or town limits, write "RURAL")

(d) Street No. 1306 BAYARD 11 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLARA BURKE

3. (b) If veteran, name war NO.

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife EDWARD

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

7. Birth date of deceased Sept. (Month) 8 (Day) 1867 (Year)

8. AGE: Years 73 Months 6 Days 13 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) O Mo (State or foreign country)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER

12. Name J. WM. EICKS

13. Birthplace 4 GERMANY (City, town, or county) (State or foreign country)

14. Maiden name FRANCES SCHENK

15. Birthplace 4 GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Clara K. Burke

(b) Address 1306 Bayard

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural Bridge

19. (a) MAR 23 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 21 day 21 year 1941 hour 510 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1940 to March 21, 1941 that I last saw h. ex alive on March 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	6 mos.
Arteriosclerotic Heart Disease	
Due to General Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy No

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

22. If death was due to external causes, fill in the following: No

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

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature R. V. Laurel (M. D. or other)

Address 3720 Washington Date signed 3-21-41

(Licensed Embalmer's Statement on Reverse Side)

R. V. Powell
Beaumont Bldg.

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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