

No. 2  
1-4-41  
1-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40731

State File No. \_\_\_\_\_

Registration District 1943 791

Primary Registration District No. 1003

Registrar's No. 10515

**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:  
3870 Cleveland Ave.  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 3870 Cleveland Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Walter F. Burke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Margaret Burke

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unk. Unk. 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>70<sup>m</sup></u>	<u>Unk.</u>	<u>Unk.</u>	hr. _____ min.

9. Birthplace St. Louis 0 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

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

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

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

14. Maiden name Mary Bain

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

16. (a) Informant Mrs. Margaret Burke

(b) Address 3870 Cleveland Ave.

17. (a) Burial (b) Date thereof 1-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathars

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 31 1943 (b) J. F. Medved  
(Date received local health) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 31st.,  
year 1941 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1941 to Dec 31, 1941  
that I last saw him alive on Dec 31, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
arterio sclerosis  
Due to: arterial hypertension

Due to \_\_\_\_\_

Duration

1 yr

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

Major findings: \_\_\_\_\_  
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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature John J. Brown (M. D. or other)  
Address 308 N. Grand Date signed \_\_\_\_\_

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

Dr. J. H. ...  
1-3 pm  
Jan, 10 19

**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, W H Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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, fact should be so stated above.**