

FILED APR 13 1942

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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 Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2mo. 7 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4386 Penrose  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour 9 minute 45 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: Probably vascular accident

Due to: Encephalo malacia

Due to: Arterio-sclerotic vascular disease

Other conditions: cachexia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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 Louis F. Blaney (M. D. or other) MD  
Address 5600 Arsenal St. Date signed 3-23-42

3. (a) PRINT FULL NAME Andrew Burke

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Burke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 21 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 1 \_\_\_\_\_hr. \_\_\_\_\_min.

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

10. Usual occupation Maintenance man

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

12. Name Andrew Burke

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

14. Maiden name Mary ?

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

16. (a) Informant Hiram Bazzoli

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caivary Cemt

18. (a) Signature of Harrison & Sheehan and Co

(b) Address 4415 Washington Bive  
1 MAR 24 1942 (Date received local registrar)

19. (a) J. F. Predeck (Registrar's signature)

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

MOTHER FATHER

20  
7  
9

**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..... *Homer W. Britz* .....

Licensed Embalmer No. *3882* .....

P. O. Address.....

**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.**