

Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 8047

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:  
De Paul Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Hours.  
(Specify whether years, months or days)  
In this community 15 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis. 17  
(If outside city or town limits, write "RURAL") 910  
(d) Street No. 4190 Farlin Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Geraldine Condray Burke.

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

4. Sex F. 5. Color or race W. 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 May 1, 1926.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 4 27 hr. \_\_\_\_\_ min.

9: Birthplace Salem, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation School Girl.

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

MOTHER FATHER  
12. Name Claude Condray.  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Gladys Barnes.  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Gladys Burke.  
(b) Address 4190 Farlin Ave.

17. (a) Burial. (b) Date thereof 9.30.42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd

19. (a) SEP 29 1942 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th.  
year 1942 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 26 1942 to Sept 27 1942  
that I last saw him alive on Sept 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
Duration \_\_\_\_\_

Due to 61

Due to 57

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

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

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)  
(c) Means of injury \_\_\_\_\_

23. Signature W. N. Whyle (M. D. or other) Tom J.  
Address 2503 N. Kingshighway Date signed 9-28-42

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

28011111  
1-2

**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.**