

FILED DEC 7 1942

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9896

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:
DePaul Hospital
(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 John J. Burke

3. (b) If veteran, name war None

3. (c) Social Security No. 199-109103

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased August 25 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days — If less than one day _____ hr. _____ min.

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

10. Usual occupation Street Car Operator

11. Industry or business Motorman

12. Name Patrick Burke

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

14. Maiden name Catherine Ryan

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

16. (a) Informant Edward J. Burke

(b) Address 5548a Ashland

17. (a) Burial (b) Date thereof 11-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Chas. J. Stewart

(b) Nov 25 Union Blvd

19. (a) (Date received local registrar) (b) J. F. Budek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 69
(If outside city or town limits, write "RURAL")

(d) Street No. 5240 Lexington
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1942 hour 6 minute 10 AM

21. I hereby certify that I attended the deceased from Feb 24 1942 to Nov 25 1942
that I last saw him alive on Nov 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of rectum (Malignant)
Cause unknown

Due to _____

Other conditions: Metastatic carcinoma of
liver & small intestine glands

Major findings: Carcinoma of rectum
attached to sigmoid by mesosigmoid

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 P. J. ... (M. D. ...)
Address 1117 N Grand Date signed Nov 26/42

Duration

2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 27 1942

