

FILED FEB 9 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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:
HOMER R. PHILLIPS Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2320 EUGENIA
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JEWELL BURKE

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

4. Sex male 5. Color or race C 6. (a) Single, widowed, married, divorced BABY

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased 12 9 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 20 hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name SAMUEL O. BURKE

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name SARAH LAVEL

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

16. (a) Informant Samuel's wife

(b) Address 2320 Eugenia St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-2-1942
(Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Bonnie Lane
(b) Address 3103 Washinton Blvd

19. (a) FEB 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1943 hour 7 minutes 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h..... alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Baby, Pneumonia
Spasmodic when he was found
handing between the nurses
Due to his exit at Homer R. Phillips
Hosp about 7:05 AM Jan
Due to 29 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1945

Of autopsy 1945

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Jan 29 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury lunging

23. Signatures Thomas J. Callender (M.D. or other) Deputy Coroner
Address Coroner Date signed 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *William Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Aldine*.....

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.