

FILED JUL 13 1943
Registration District No. **18**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 38 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Burks

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

4. Sex Male **5. Color or Race** Cub **6. (a) Single, widowed, married,** 2 divorced, 1 widow

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

7. Birth date of deceased March 3 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>3</u>	<u>26</u>	_____ br. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Edward Burk

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

14. Maiden name Mary ?

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

16. (a) Informant Hospital Record

(b) Address 2621 Whittier St

17. (a) Burial **(b) Date thereof** 7-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. B. Bredbeck

(b) Address 3133 Bell Ave

19. (a) JUL 1 1943 **(b) J. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 2814 Washington
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29,
year 1943 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 22, 1943 **to** June 29, 1943;
that I last saw him in **alive on** June 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease

Duration Unk.

Due to _____

Due to _____

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)** _____ **(e) Means of injury** _____

23. Signature S. E. Smith (M. D. or other) _____
Address 2621 Whittier **Date signed** 7/29/43

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 S. J. Glatton

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.