

FILED OCT 2 - 1943 318

Registration District No. _____

Primary Registration District 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:
Missouri Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Baden Station**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #4.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frank Burke.

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white** 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 **Aug. 26, 1870.** (Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Ferguson, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Burke**
13. Birthplace **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name **Bridget Hogan**
15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss. Maria Burke**

(b) Address **Baden Station, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 28/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiament Ave.**

19. (a) **SEP 27 1943 J. F. Brueck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26** year **1943** hour **7:07** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Sept 10?** to **9/26/43** that I last saw him alive on **9/26/43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of stomach & liver abd. carcinomatosis**

Other conditions: (Include pregnancy within 3 months of death) **None**

Major findings: **apneurotic due to gastric carcinoma**
Of autopsy _____

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 **Hudson Talbot** (M. D. or other) Address **Met. Aly St Louis** Date signed **9/27/43**

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

Dr. Hudson Talbot
Dept. Bldg.,
1-3 P.M.
JE. 4141.

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.....

Licensed Embalmer No. 3225

P. O. Address..... 1125 Hodiamont Ave.,

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.