

FILED OCT 2 - 1943 18

State File No. \_\_\_\_\_  
Registrar's No. **8495**

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 **1108 S. 18<sup>th</sup> ST. 1**  
(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 **MRS EMMA BURKS**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO.**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married **2 divorced WIDOW**  
6. (b) Name of husband or wife **WILLIAM BURKS,** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **DECEMBER -18-1862**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **NIL**

11. Industry or business \_\_\_\_\_  
12. Name **ANDERSON NUNNELLY.**  
13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Vera McCollum**  
(b) Address **1108 S. 18<sup>th</sup> ST.**

17. (a) **BURIAL** (b) Date thereof **SEPT 27-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **E. J. Schuur**  
(b) Address **3125 Lafayette Ave.**

19. (a) **SEP 25 1943** (b) **J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **17**  
(c) City or town **ST. LOUIS** **922**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1108 S. 18<sup>th</sup> ST.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23<sup>rd</sup>**  
year **1943** hour **11:00** minute **a.** M.  
21. I hereby certify that I attended the deceased from **Sept. 15<sup>th</sup>**  
**1943** to **Sept 23, 1943**  
that I last saw her alive on **Sept. 22, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Degenerative Heart Disease**  
Due to **Arteriosclerosis, Generalized**  
Caused by **CARDIAC DECOMPENSATION**  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Duration **3 wks.**

Major findings: Of operations **None**  
Of autopsy **None**  
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 **N.A. Burke** (M. D. overruler)  
Address **1755 So. Grand** Date signed **9/23/43**

844

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

MOTHER FATHER

**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. 4014

P. O. Address Marcus MI

**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.