

FILED NOV 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32764

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9169

1. PLACE OF DEATH:
(a) County.....
(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:
4949 Alcott Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 4949 Alcott Avenue,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sophie Bourke
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24th
year 1944 hour 9:35 minute P.M.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John Bourke
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased September 26th 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15
1944 to Oct 24, 1944
that I last saw her alive on Oct 24, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 0 28 hr. min.

Immediate cause of death Chronic myocarditis
Duration Don't know

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 9th

10. Usual occupation Housewife
11. Industry or business.....

MOTHER FATHER
12. Name David De Charles
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elmira Bishop
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant Mrs. Josephine Wilke-sister
(b) Address 4949 Alcott Avenue,

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) burial (b) Date thereof 10/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

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?.....

18. (a) Signature of funeral director Sullivan Brothers
(b) Address 2849 North Euclid Avenue
19. (a) Oct 26 1944 (b) J. Z. [Signature]
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury.....
23. Signature R. R. Menawa (M, D, or other) Mh
Address 5330 Yewald Ave Date signed 10/25/44

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

Dr. Menawn

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

Robert L. Dunkman

Licensed Embalmer No. 3553

P. O. Address.....

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.