

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14561

FILED MAY 10 1946
318

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 4011

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 G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 40 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2602 Pine St
(If rural, give location)

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

3. (a) PRINT FULL NAME Charlie Burkes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 2

5. Color or race ca

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 29th 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER

12. Name unk 9

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

14. Maiden name Annie Barker

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

16. (a) Informant Charles Burkes
(b) Address 2829 Chouteau ave

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave

19. (a) MAY 2 1946 J. F. Braddock
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1946 hour 9 minute 24 A. M.

21. I hereby certify that I attended the deceased from Dec. 21 19 46 to April 29 19 46.
that I last saw h. im alive on April 29 19 46.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Far advanced Pulmonary Tuberculosis Unk

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy No

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)
(c) Means of injury _____

23. Signature W. B. Bernard (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

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

14561

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 *J. J. Hutton*.....

Licensed Embalmer No. *2691*.....

P. O. Address *2769 Hawthorne*.....
av

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.