

No. 2  
12-45  
17-39  
X47070

**FILED** SEP 20 1946  
#62700  
Registration District No. **2018**

Primary Registration District No. **1003**

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

**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:  
**St. Louis City Hospital—Max C. Starkloff**  
(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..... **Missouri** (b) County.....  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1427 Locust St.**  
**Memorial**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **CHARLES BURKE**

**3. (b) If veteran,** name war.....  
**3. (c) Social Security No.** **493-20-3156**

**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** **May 10 1897**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>49</b>	<b>4</b>	<b>13</b>	hr. min.

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

**10. Usual occupation** **Laborer**

**11. Industry or business**.....

**MOTHER** { **12. Name** **Michael Burke**  
**13. Birthplace** **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Minnie Ketchum**  
**15. Birthplace** **Vincennes, Indiana**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Miss Ruth Burke**  
**(b) Address** **911 Allen**

**17. (a) Burial** **Calvary Cemetery**  
(Burial, cremation, or removal) **(b) Date thereof** **9-26-1946**  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** **Weick Bro. Und. Co.**

**(b) Address** **2201 S. Grand Bl.**  
**19. (a) SEP 1 1946** **(b) J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **23rd**  
 year **1946** hour **9:45** minute **A** M.

**21. I hereby certify that I attended the deceased from** **9/19/46**  
 , 19, to **Sept. 23rd**, 19 **46**  
 that I last saw him alive on **Sept. 23rd**, 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**  
 Due to **Hypertensive Heart Disease**  
 Duration **2 wks**  
**10 yrs**

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) **(c) Cause of injury**.....  
**23. Signature** **George Smith** **9/23/46**  
**4515 Lafayette** **(b) or other)**  
 Address Date signed.....

**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.....

..... James R. Dunn ....., Registered Apprentice No. 403  
working under my personal supervision.

Signed Way A. Stewart  
Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**