

FILED OCT 4 1947

318

Primary Registration District No. **1003**

Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4161 a St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4161 a St. Louis
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Burke

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex female 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 Dec. 25, 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business self

12. Name Edward Burke

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

14. Maiden name Sarah Carr

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

16. (a) Informant Miss Blanche Burke

(b) Address 4161 a St. Louis

17. (a) Burial (b) Date thereof Oct 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 1619 So. Grand Blvd.

19. (a) SEP 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1947 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Sept 13, 1947, to Sept 29, 1947, that I last saw her alive on Sept 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Interstitial Nephritis

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____

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 John J. Kehoe (M. D. or other) _____
Address 4145 St. Louis Date signed 9/29/47

Duration 3 1/2 hr

1 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernest W. Spella

Licensed Embalmer No. 4080

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.