

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2522**  
Registrar's No. **98**

318 PRIMARY REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>98</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1532 LAFAYETTE</b>			
3. NAME OF DECEASED (Type or Print) (First) <b>BURKE</b>		(Middle) <b>MRS. ANNA MARGARET</b>		(Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 3 1949</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 8, 1882</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESS FEEDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MO., ENVELOPE CO</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EUGENE BURKE</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE MARTIN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN BURKE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. RUTH GARAGLER 2018 GEYER</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Ampulla of Vater</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hb of 15</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5X</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Tumor of Ampulla of Vater to Duodenum</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>20 Nov, 1948</b> to <b>1-3-49, 19</b> , that I last saw the deceased alive on <b>1-3-49</b> , and that death occurred at <b>5:10 A m.</b> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Harold Purcell, M.D.</b>				23b. ADDRESS <b>1755 S Grand St. St. Louis Mo.</b>		23c. DATE SIGNED <b>1-3-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 6, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>JAN 5 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis &amp; Son 2906 Marois</b>			

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold C Hill.....

Licensed Embalmer No. 4347.....

P. O. Address 2906 Travis.....

**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.