

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10238

State File No. ....

318

1003

Registrar's No. 2418

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2418		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galesburg</u>		812		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5912a Wabada Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>1488 N. Seminary Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Burke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11th, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 11th, 1896</u>	9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>0</u> Days _____	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Tylerville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Alonzo Mc Guire</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>William C. Burke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William C. Burke, 5912a Wabada Avenue</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u>				2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis?</u>				2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Essential Hypertension</u>				3
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4201</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>3-11-1950</u> , to <u>3-11-1950</u> , that I last saw the deceased alive on <u>3-11-1950</u> , and that death occurred at <u>4:00 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Miller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1586 Hadamont</u>		23c. DATE SIGNED <u>3/13/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal-Motor</u>		24b. DATE <u>3/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galesburg, Ill. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galesburg, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>MAR 13 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>				

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

*Handwritten notes and scribbles in the top left corner, including the number '15' and some illegible characters.*

**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 Ralph C. Zinders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

**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.