

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11470

State File No. _____

Registrar's No. 602

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BKS. MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (If in this place) <u>60 DA</u>		d. STREET ADDRESS (If rural, give location) <u>4320 W. PINE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Adm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>L.</u> c. (Last) <u>BURKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 5, 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 20, 1890</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR (Days) <u>2</u>	
11. IF UNDER 15 Hrs. (Mins.) <u>15</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>JOHN M. BURKS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TURLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ALMA BURKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>494-01-9191</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSP RECORDS, JEFF. BKS., MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOGENIC CARCINOMA WITH METASTASIS TO ADRENALS MEDIASTINAL NODES</u>			162X
		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.)		_____			_____

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 1-4-50, 1950, to 3-5-50, ~~7-15-50~~ and that death occurred at 3:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.E. Shively M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS., MO.</u>		23c. DATE SIGNED <u>3-6-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Herbert A. Dowse</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER MORTUARY, ST. LOUIS, MO.</u>	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin A. M. Herriott

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

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.