

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32155
Registrar's No. 2381

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hanley Hills		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hanley Hills	
c. LENGTH OF STAY (In this place)		4280	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7716 Mallard Drive		d. STREET ADDRESS (If rural, give location) 7716 Mallard Drive	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Burke			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1950			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH May 30, 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR 4 Months 3 Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Black & White		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Burke	13b. MOTHER'S MAIDEN NAME Mary Coan	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-22-6764	17. INFORMANT'S SIGNATURE OR NAME Mr. Martin Burke, 7716 Mallard Drive	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	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. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no ax
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22. I hereby certify that I attended the deceased from 9-25, 1950, to 10-4, 1950, that I last saw the deceased alive on 10-4, 1950, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE J. P. Berman (Degree or title) M.D.	23b. ADDRESS 1225 No. Grand	23c. DATE SIGNED 10-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 10-4-50	REGISTRAR'S SIGNATURE Herbert R. Damp	FUNERAL DIRECTOR'S SIGNATURE J. J. Donnelly	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

092874
EM

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

Thomas R. Fenwick

Signed.....

Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.