No. 300
10-48

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38332

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9677

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4016 Botanical

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2179
d. STREET ADDRESS (If rural, give location): 4016 Botanical

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): J.
c. (Last): Burke

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 9 1895
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Grand-Leader
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Thomas Burke
13b. MOTHER'S MAIDEN NAME: Johanna Scanlvell
14. NAME OF HUSBAND OR WIFE: Isabelle Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 1st World War
16. SOCIAL SECURITY NO.: 494-05-3098
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Isabelle Burke 4016 Botanical

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastric Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: Nov 9th

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gastric Carcinoma — Aug 1949
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma

19a. DATE OF OPERATION: yes
19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca of Stomach June 14 1950
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): no

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no

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22. *I hereby certify that I attended the deceased from* April 15, 1930, *to* Nov 11, 1950, *that I last saw the deceased alive on* Nov 10, 1950, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry P. Thyne M.D.
23b. ADDRESS: 508 N. Grand
23c. DATE SIGNED: 11/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-15-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: NOV 14 1950
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wm. Schumacher 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haupt

Signed.....
Student Embalmer

Licensed Embalmer No. 4744

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.