

STANDARD CERTIFICATE OF DEATH

43181

State File No.

Reg. # 88214

Registrar's No. 3062

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 3062					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jeff Brks, Mo.		c. LENGTH OF STAY (In this place) 102 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 1		2269					
d. FULL NAME OF HOSPITAL OR INSTITUTION: Vets. Adm. Hospital				d. STREET ADDRESS (If rural, give location) 1720 N. 20th 0							
3. NAME OF DECEASED (Type or Print) FRANK H. BURKE			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH 12 18 1950		5. SEX 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 2-25-94			
9. AGE (In years last birthday) 56 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Opr.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Burke			13b. MOTHER'S MAIDEN NAME Mary Herbster			14. NAME OF HUSBAND OR WIFE Ruby Burke					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 489-05-8749		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records Jeff Brks, Missouri					
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) CARCINOMA OF LARYNX WITH METASTASES INTERVAL BETWEEN ONSET AND DEATH 2 yrs 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. HOW DID INJURY OCCUR?					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.		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 9-7-50, 19, to 12-18, 19 50, and that death occurred at 6:15 a.m., from the causes and on the date stated above.											
23. SIGNATURE (Degree or title) E.C.O'BRIEN M.D.				23b. ADDRESS Va Hospital Jeff Brks, Mo.			23c. DATE SIGNED 12-18-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 12-21-50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri					
DATE REC'D BY LOCAL REG. 12/19/50		REGISTRAR'S SIGNATURE Herbert R. Tombe M.D.			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leidner, Henry 2223 St. Louis St.						

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed *John P. Buchholz*
Licensed Embalmer, No. *1674*
P. O. Address *2223 St. Louis Ave*

- 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.