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Reg.# 106 .000

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44106

BIRTH NO. DEC 20 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3110

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

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 2199
d. STREET ADDRESS (If rural, give location) 4041 Delmar,

3. NAME OF DECEASED (Type or Print)
a. (First) OLIVER
b. (Middle) C.
c. (Last) BURKE

4. DATE OF DEATH (Month) (Day) (Year) 12-2-52

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH 3-17-96
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 8 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE WORK
10b. KIND OF BUSINESS OR INDUSTRY PIPE FITTING
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. C
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT BURKE
13b. MOTHER'S MAIDEN NAME FANNIE HAYES
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Jeff. Brks, Mo. ADDRESS

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) KIDNEY, BILATERAL, ARTERIOLAR NEPHROSCLEROSIS, WITH DEATH IN UREMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24-52, *19*___, *to* 12-2-52, *19*___, ~~that I last saw the deceased alive on 19XXX~~, *and that death occurred at* 12:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE Sylvester A. Flatte (Degree or title) MD.
23b. ADDRESS VA HOSP. JEFF. BKS, MO.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial C
24b. DATE 12-5-52
24c. NAME OF CEMETERY OR CREMATORY Nat'l Cemetary
24d. LOCATION (City, town, or county) (State) Jefferson BKS. Missouri

DATE REC'D BY LOCAL REG. 12-4-52
REGISTRAR'S SIGNATURE Herbert R. Domke-M.D.
25. FUNERAL DIRECTOR'S SIGNATURE D.H. Randle & Son ADDRESS 3133 Bell

(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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed J. J. Watson

Licensed Embalmer No. 2698

P. O. Address 27 Leg Church

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.