

FILED OCT 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34606

XC-291 61 95  
REG. #112,785

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2530

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 <u>2097</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>47 DAYS</u>		a. STREET ADDRESS (If rural, give location) <u>5213 N. 21ST ST.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>E.</u>	c. (Last) <u>BURKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 26 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 11, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>MAINTENANCE MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>TOBIAS BURKE</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>MARY BURKE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>199-01-2086</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL, JEFF. BRKS, MISSOURI</u>	ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MISSOURI</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION ACUTE SUPPURATIVE PYELONEPHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>6000</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS <u>EMOCIATION AND CEREBRAL ARTERIOSCLEROSIS</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	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) _____	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 AUG. 10, 1953, to SEPT. 26, 1953, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. H. ZELLER M.D.</u>	23b. ADDRESS <u>VET ADM HOSP, JEFF. BRKS, MO.</u>	23c. DATE SIGNED <u>9-26-53</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>9-29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/28/53</u>	REGISTRAR'S SIGNATURE <u>Heber... Son</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw Koch &amp; Son</u>	ADDRESS <u>3516 W. 14th</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *J. Allen Davis*  
Licensed Embalmer No. *405*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.