

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

25708

BIRTH NO.

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

590

Registrar's No.

1607

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 OR TOWN Florissant		c. CITY OR TOWN Florissant		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. J. Box 267		e. STREET ADDRESS Rt. #3 Box 267			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Bernard		c. (Last) Burcke
4. DATE OF DEATH 7--6-1954		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12--11--1885		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Florissant, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Burcke		13b. MOTHER'S MAIDEN NAME Margaret Gerkes	
14. NAME OF HUSBAND OR WIFE Lillian Keeven Burcke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Lillian K. Burcke, Florissant, Mo.		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal insufficiency DUE TO (c) Sarcoma of primary liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5/8/52		19b. MAJOR FINDINGS OF OPERATION Sarcoma of primary liver 181X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. 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?	
22. I hereby certify that I attended the deceased from 4-27-52, to 7-6-54, that I last saw the deceased alive on 7-6-54, and that death occurred at 9:50 am., from the causes and on the date stated above.					
23a. SIGNATURE Lillian K. Burcke		23b. ADDRESS 812 Olive St. Florissant, Mo.		23c. DATE SIGNED 7/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7--9-1954		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery Florissant, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.		ADDRESS	
DATE REC'D BY LOCAL REG. 7/7/54		REGISTRAR'S SIGNATURE Heather K. Romkey		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

✓ 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 *Eleana Province*.....

Licensed Embalmer No. *340*.....

P. O. Address *Spring*.....

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.