

FILED DEC 13 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 39682

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2685

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Beverly Hills		c. CITY OR TOWN Beverly Hills	
c. LENGTH OF STAY (in this place) 17-yrs.		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 Mother of Good Counsel Home		e. STREET ADDRESS (If rural, give location) 6825 Nat'l. Bridge Road	

3. NAME OF DECEASED (Type or Print) a. (First) Bridget b. (Middle) M. c. (Last) Burke			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1954		
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5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Oct. 1, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Hours 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home - Housework				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (City and State or Foreign Country) Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William P. Burke			13b. MOTHER'S MAIDEN NAME Bridget Callahan			14. NAME OF HUSBAND OR WIFE NONE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Marjorie Fitzgerald, 1803 Pine St.		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Gall Bladder  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. Deaf, dumb & blind.						INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
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19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 155X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
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22. I hereby certify that I attended the deceased from June, 1953, to 11-21, 1954, that I last saw the deceased alive on 11-19, 1954, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. Stachle		(Degree or title) M.D.		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 11-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
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DATE REC'D BY LOCAL REG. 11-22-54		REGISTRAR'S SIGNATURE Herbert R. Dombek		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Line*.....

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.