

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13170
State File No.
3373
Registrar's No.BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		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 St. John's Hospital		STREET ADDRESS (If rural, give location) 7 6109 Sherry Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Birdie b. (Middle) P. c. (Last) BURKE		4. DATE OF DEATH (Month) (Day) (Year) 4-14-55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30-1910
9. AGE (In years, last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY - 0 -		11. BIRTHPLACE (City and State or Foreign Country) Hunter Utah	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Powell	
13b. MOTHER'S MAIDEN NAME Helen Davis		14. NAME OF HUSBAND OR WIFE Jack Burke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jack Burke		ADDRESS 6109 Sherry	
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) Rupture of coronary of Rt middle cerebral artery (b) & massive hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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. 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? 452X		22. I hereby certify that I attended the deceased from Sept 1947 , to Apr 14, 1955 , that I last saw the deceased alive on Apr 14, 1955 , and that death occurred at 8:40 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. C. N. Linneman M.D.		23b. ADDRESS 4126 Sherry Ave	
23c. DATE SIGNED Apr 14 1955		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4/16/55		24c. NAME OF CEMETERY OR CREMATORY Magan Cemetery	
24d. LOCATION (City, town, or county) (State) Magan City Utah		24e. FUNERAL DIRECTOR'S SIGNATURE John Sygare & Son	
24f. ADDRESS 5541 Riverview Bl.		DATE REC'D BY LOCAL REG. APR 15 1955	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3980

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.