

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7641

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 330

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS</u>	c. LENGTH OF STAY (in this place) <u>812 days</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>VETERANS ADMINISTRATION HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>8 8809 PARK LANE</u> 20870	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u>		b. (Middle) <u>P.</u>		c. (Last) <u>BURKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-56</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>5-27-1893</u>		9. AGE (In years last birthday) <u>62 YRS</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PUMJOB, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOHN MILTON BURKS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TURLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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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) <u>YES WW I</u>	16. SOCIAL SECURITY NO. <u>278123283</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>		ADDRESS _____	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>approx. 3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE BRONCHOPNEUMONIA, EARLY</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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. <u>Acute & Chronic Bronchitis</u>		Undetermined	

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 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) <u>491X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 11-11-53, 1953, to 2-3-56, 1956, and that death occurred at 3:20A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.T. Kamirakas</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>VA Hospital 915 N. Grand, St. Louis, Mo.</u>	23c. DATE SIGNED <u>2-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/6/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co.</u>	
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DATE REC'D BY LOCAL REG. <u>2-4-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Blomberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Fendler</u>		ADDRESS <u>5611 S Grand</u>
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Dr. (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.....
Signature of Student Embalmer

Signed.....
Bill C. Brown

Licensed Embalmer No. *476*

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.