

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012404

FILED VS MAR 3 1 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3158** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS	Length of stay in 1b	c. CITY OR TOWN EAST ST. LOUIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3rd & FRANKLIN		d. STREET ADDRESS (If outside, give location) 573 ALEXANDER	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE E BURKE			4. DATE OF DEATH Month Day Year 3 16 1960			
5. SEX M	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-15-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RATE CLERK	10b. KIND OF BUSINESS OR INDUSTRY WABASH R.R.	11. BIRTHPLACE (City and state or country) ST. LOUIS MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN F. BURKE	13b. MOTHER'S MAIDEN NAME BRIDGET BUTLER	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) yes WWI	16. SOCIAL SECURITY NO. 702-05-0649	17. INFORMANT Mary McAuley Address 573 Alexander East St. Louis Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral Regurgitation		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____		
DUE TO (c) 410x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **October 16, 1959** and last saw him ^{how} alive on **March 14, 1960**
Death occurred at **3:00 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Justus Ludwig M.D.	22b. ADDRESS 921 S. Paulina St. E. St. Louis	22c. DATE SIGNED 3/17/60
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23a. BURIAL: CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-19-60	23c. NAME OF CEMETERY OR CREMATORY Mt. CARMEL	23d. LOCATION (City, town, or county) (State) Belleville ILL.
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24. FUNERAL DIRECTOR WELL WALSH BARNES ADDRESS EAST ST. LOUIS ILL.	25. DATE RECD. BY LOCAL REG. MAR 18 1960	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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ILL. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

of Taylor
3/18/60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed., Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John Barnes.

Licensed Embalmer No. _____

P. O. Address LAUREL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.