SSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006364

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1382

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1 — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2724 a Wyoming — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Patrick Last Burke

4. DATE OF DEATH Month 2 Day 9 Year 61

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/19/11

9. AGE (last birthday) 49 yrs. — 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Schneider Meat Co.

11. BIRTHPLACE (City and state or country) St.Louis, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Burke

13b. MOTHER'S MAIDEN NAME Mary Hession

14. NAME OF HUSBAND OR WIFE Dorothy Pryor Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

17. INFORMANT Address Dorothy Burke 2724 a Wyoming

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Chronic lung disease with

DUE TO (c) secondary Polycythemia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor Pulmonale 332x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-16-61, to 2-9-61 and last saw her/him alive on 2-9-61

Death occurred at 7:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L. Malenchy M.D.

22b. ADDRESS 1515 Lafayette Avenue

22c. DATE SIGNED 2-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/13/61

23c. NAME OF CEMETERY OR CREMATORY Resurrection

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS E.J.Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG. FEB 10 1961

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Thomas R. Kenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.