SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016884
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 152

FILED MAY 22 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: One day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Still Osteopathic Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY
c. CITY OR TOWN Winthrop Harbor — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1330 Sheridan Road — Reside on Farm: Yes ☒ No ☑

3. NAME OF DECEASED (Type or print): First FRANK Middle (NMN) Last BURKE Jr
4. DATE OF DEATH: Month May Day 17th Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/24/1886
9. AGE (last birthday): 75 — 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): (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): State of Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Burke Sr
13b. MOTHER'S MAIDEN NAME: Bessie Mears
14. NAME OF HUSBAND OR WIFE: Irene Alwart Burke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs Howard Spalding — Address: Winthrop Harbor, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 19 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
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 5-16-61 to 5-17-61 and last saw her/him alive on 5-17-61
Death occurred at 1:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert O. Thonderly, Jr. Co
22b. ADDRESS: Still Hospital Jefferson City, Mo
22c. DATE SIGNED: 5-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 20th 1961
23c. NAME OF CEMETERY OR CREMATORY: North Shore Memorial
23d. LOCATION (City, town, or county) (State): Chicago, Illinois

24. FUNERAL DIRECTOR — ADDRESS: Marsh Funeral Home Waukegan, Ill.
25. DATE RECD. BY LOCAL REG.: 18 May 1961
26. REGISTRAR'S SIGNATURE: R.P. Norris, Md - N. Richter, Dep

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

VS JUN 3 1961

VS JUN 2 3 1961

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_____ Signed Donald R. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address Reno

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.