

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028501

7320

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7320**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
BY AFFIDAVIT OF

|  |  |  |   |
|--|--|--|---|
| 1. <b>FILED AUG 13 1962</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                                |   |
| a. COUNTY <b>St. Louis</b>   |  | a. STATE <b>Missouri</b> b. COUNTY   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>   |  | Length of stay in 1b   |   |
| c. FULL NAME OF (If NOT in hospital, give location) <b>St. Louis City Hospital</b>   |  | d. STREET ADDRESS (If outside, give location) <b>403a So. Broadway</b>   |   |
| 3. NAME OF DECEASED (Type or print) <b>William Burke</b>   |  | 4. DATE OF DEATH <b>July 22, 1962</b>  |   |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |   |
| 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>3/17/1882</b>  |   |
| 9. AGE (last birthday) <b>80</b>   |  | IF UNDER 1 YEAR IF UNDER 24 HR   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stone Worker</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>  |   |
| 13a. FATHER'S NAME <b>Unknown</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |   |
| 14. NAME OF HUSBAND OR WIFE <b>None</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   |
| 16. SOCIAL SECURITY NO. <b>Unknown</b>   |  | 17. INFORMANT <b>John P. Burke, 7438 Bruno Ave.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <b>Fracture of left hip, Generalized Arterio Sclerosis, suffered in fall in part of 403 S Broadway 904.0-2.1</b>                     |  |  |   |
| DUE TO (b) <b>Arterio Sclerosis, suffered in fall in part of 403 S Broadway 904.0-2.1</b>  |  |  |   |
| DUE TO (c) <b>Accident</b>   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                        |  |  | 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>  |  | 20c. TIME OF INJURY? Hour a.m. p.m. <b>7 20 62</b>   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>25</b>                   |   |
| 20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>  |  | COUNTY STATE   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____  |  |  |   |
| Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |   |
| 22a. SIGNATURE <b>Robert M. Jansen</b> (Degree or title)   |  | 22b. ADDRESS <b>1300 Clark</b>   |   |
| 22c. DATE SIGNED <b>7-25-62</b>  |  | (State)  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 23b. DATE <b>7-26-62</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |  | 23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>  |   |
| 24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>   |  | ADDRESS  |   |
| 25. DATE RECD. BY LOCAL REG. <b>JUL 25 1962</b>  |  | 26. REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>   |   |

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 By W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis MO

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.