

SEP 29 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6020
City (No. 472) Calvary Ave St. _____ Ward) Barrow Station

File No. 32195
Registered No. 171

2. FULL NAME

Annie Burke

(a) Residence, No. 31 N. Missouri Ave Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Burke

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 1869

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 22

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis, chr. hypertension, chr. myocarditis. Date of onset 75

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Acute myocardial dilatation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenn Allen Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

FATHER 13. NAME John A. Rieckly

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

MOTHER 15. MAIDEN NAME Annie Daley

Manner of injury _____
Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

17. INFORMANT Dora Burke (ADDRESS) 472 Calvary Ave

(Signed) John H. Jennings, M. D.
(Address) 3718 Jennings St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopold Cem. DATE Aug. 16 1936

19. UNDERTAKER Dirschbach Funeral Home (ADDRESS) 8019 St. Charles Ferry Ave

20. FILED 8/15 1936 W. A. Zeidler registrar.

Dr. C. S. Smith Coroner St. Louis Mo. 8/16/36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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