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

Do not use this space.

13345

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3915

City St. Louis, Mo. (No. 5600 Arsenal St. 24th Ward)

2. FULL NAME Maude Pullian

(a) Residence. No. 2225 N. 10th St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	4	14	

8. OCCUPATION OF DECEASED 131
(a) Trade, profession, or particular kind of work Housework 98
(b) General nature of industry, business, or establishment in which employed (or employer) 151
(c) Name of employer

23+

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

2

PARENTS

10. NAME OF FATHER Chas. Burkhardt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

31

12. MAIDEN NAME OF MOTHER Martha Harbrink

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

2

14. INFORMANT L. Kroner (Address) 5600 Arsenal

15. FILED ... 1 1929 Max C Stark Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/27, 1929, to 3/29, 1929 that I last saw her alive on 3/29, 1929, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of Face (Non Traumatic)
Myocarditis, Chronic
Arteriosclerosis, General (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nephritis, Chronic
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2225 N. 10th St.

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D

3/30, 1929 (Address) 5600 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetary — DATE OF BURIAL 4-1-1929

20. UNDERTAKER White 5800 Arsenal St — ADDRESS

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.