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

Do not use this space.
23036

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 5020 Plover Ave St. Ward)

File No.
Registered No. 6467

2. FULL NAME Mary Burguin

(a) Residence. No. St. 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

5

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	9	8	

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

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

PARENTS
10. NAME OF FATHER Clifford Burguin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Maude Mog
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Clifford Burguin
(Address) 5020 Plover a

15. JUN 17 1929 FILED, 19.. M C Tinker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15-1929

17. I HEREBY CERTIFY, That I attended deceased from January, 19.. to May 25, 1929 that I last saw h. alive on May 25, 1929, and that death occurred, on the date stated above, at 330 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Non Rheumatic heart disease
Compression of spinal cord from metastatic tumor Sarcoma of spine
About (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Operations for relief of pain
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 10 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic examination
(Signed) Ernest Jacks, M. D
6/16, 1929 (Address) 519 Miners Club Bldg

*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 Calvary
DATE OF BURIAL 6-17 1929

20. UNDERTAKER Arthur J Donnelly
ADDRESS 2039 Wash

cated by check marks, lacking from the death certificate:

Name: Mary Burquin

Who died at: St. Louis, Mo. on June 15, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

49

CAUSE OF DEATH: Von Recklinghausen's Disease
Compression of Spinal cord
from metastatic tumor - Sarcomatous

Contributory: _____
Operation for relief of paralysis

Primary Seat could not be determined. Information given over Phone
Where was disease contracted? by Dr Ernst Sacks Div. of V.S. 12-9-29

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

5-23036