

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

Do not use this space.

2802

1935 JAN 24

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
Township North St. Louis Primary Registration District No. 60-33A  
City North St. Louis Co Hosp. (No. 1) St. 1 Ward 1

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Matherine U. Burns  
(a) Residence, No. Washington Ave. 181, North St. Louis 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>29</u>	<u>3</u>		

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Paul E. Maldon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriton Iowa

15. MAIDEN NAME Josie Whitsett

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

17. INFORMANT Claude Burns (ADDRESS) North St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PK DATE 1-12-35

19. UNDERTAKER A. RUSSELL UND. Co (ADDRESS) 2732 PINE ST

20. FILED Jan 11 1935 Robt. J. Ambuster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-35

22. I HEREBY CERTIFY, That I attended deceased from 1-5-35, 1935, to 1-9-35, 1935

I last saw her alive on 1-8-35, 1935. Death is said to have occurred on the date stated above, at 6:30 AM.

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

150 - Acute Pericarditis Date of onset 1-4-35  
Peritonitis  
Puerperal  
Delirium full term 12/1/34  
Other contributory causes of importance:  
tero fibrino pericarditis  
Pleuritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_ 1935

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Colly Sharp M. D.  
(Address) St. Louis Co Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 14 1953