APR 11 1936

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

Do not use this space.

12830

File No. 791

Registered No. 2883

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

2. FULL NAME Maude Burk

(a) Residence, No. 1563 Tamont St., Ward. 4

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1900

7. AGE: Years 35 Months 8 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

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): St Louis Mo

FATHER

13. NAME: John Mullin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Mary Hyerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Henry Burk City Hosp

18. BURIAL, CREMATION, OR REMOVAL: PLACE St Peters Cem DATE 3/17/36 19

19. UNDERTAKER (ADDRESS): Friegkorsen 4104 Magnolia

20. FILED MAR 16 1936 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/10/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1936, to 3/15, 1936, 19. I last saw he alive on 3/13, 1936, 19. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Eclampsia —	
Chronic Nephritis.	

Other contributory causes of importance:

Obesity

Thyroid Glandular Dysfunction

Name of operation Delivered Twins Date of 3/15/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

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) H Lowell Cox, M. D.

(Address) City

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.