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

Do not use this space.

File No. 12805

Registered No. 3344

1. PLACE OF DEATH

County ..... Registration District No. 791 100

Township St Louis ..... Primary Registration District No. .....

City St Louis ..... (No. 316 A No. Euclid Ave ..... St. ..... Ward)

2. FULL NAME Katherine L Burgh

(a) Residence. No. 316 A N. Euclid Ave St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 39 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16th 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	6	0	

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

9. BIRTHPLACE (CITY OR TOWN) Fundy - New York
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lewis L Paulpaugh

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

12. MAIDEN NAME OF MOTHER Ann Mohn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fundy New York
(STATE OR COUNTRY)

14. INFORMANT John D Burgh
(Address) 316 N. Euclid Ave

15. FILED March 19 1929 Clar V Stoddard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16th 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/1/ 1928, to March 16, 1929, that I last saw h. alive on March 16, 1929, and that death occurred, on the date stated above, at 11 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic degenerative
131
9 yr. (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebro-Vascular Renal Syndrome
(duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observations
(Signed) Robert D Burgh, M. D
March 17, 1929. (Address) 407 N. Euclid Blvd.

*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 Jefferson Barracks — DATE OF BURIAL March 19, 1929

20. UNDERTAKER Wagner — ADDRESS 3621 Olive

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.