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

Do not use this space.

File No. 19957

Registered No. 5719

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

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

2. FULL NAME Minnie Lurem

(a) Residence. No. 2213 (Usual place of abode) Madison St. 20 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 18 - 1871

7. AGE: Years 55 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

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) St Louis (STATE OR COUNTRY) .....

PARENTS

10. NAME OF FATHER John G Bruder

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

12. MAIDEN NAME OF MOTHER Barbara Kuhlman

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

14. INFORMANT Hospital Information (Address) City Hospital

15. FILED JUN 21 1926, 19..... Mary B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30 1927 to June 19 1927 that I last saw h. alive on June 19 1927 and that death occurred, on the date stated above, at 9:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93 C (duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

6/22, 1927 (Signed) Thos Leonard M.D. (Address) City Hospital

*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: Western Lutheran — DATE OF BURIAL: June 22 1927

20. UNDERTAKER: Theo. W. Bedenwieder — ADDRESS: 1936 St Louis Ave

WRITE 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.

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