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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3715

Township ..... Primary Registration District No. 1003 Registered No. 955

City St Louis (No. 3422 Vista ave St. ..... Ward)

2. FULL NAME Bessie Buell (Buell)

(a) Residence. No. 3422 Vista St., 18 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1881

7. AGE: Years 49 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): 244
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ills

PARENTS

10. NAME OF FATHER: H H Buell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Augusta Nendell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: H A Buell
(Address) Harrisburg Ills

15. FILED JAN 21 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 23 1931

17. I HEREBY CERTIFY, That I attended deceased from 14th January, 1931, to January 23rd, 1931, that I last saw h. 1st alive on Jan 23rd, 1931, and that death occurred, on the date stated above, at 7 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
99 A
12 D
82 H
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Valvular Disease of Heart
(duration) 4 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

(Signed) Edward S Smith, M. D
Jan 26th, 1931 (Address) 3720 Washington Bl

*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: Ashley Ills
DATE OF BURIAL: Jany 25 1931

20. UNDERTAKER: Frank Nettlage
ADDRESS: 3125 Lafayette

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.

[illegible] INK—THIS IS A PERMANENT RECORD