

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

Do not use this space.
✓

8211

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, (No. 3646 Arsenal Street, St. _____ Ward)

2. FULL NAME

Cussie Bem.

(a) Residence. No. 3646 Arsenal Street. St. 16 Ward. _____
(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 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 John Bem.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 10.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home. 2315
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Bruening.

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

12. MAIDEN NAME OF MOTHER Mary Hesse.

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

14. INFORMANT John Bem.
(Address) 3646 Arsenal Street.

15. FILED 211 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 26 1913 to Feb 26 1931
that I last saw her alive on Feb 25 1931 and that death occurred, on the date stated above, at 9:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic

430 (duration) 18 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH _____

① DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) A. H. Cleveland M. D.

Feb. 26 1931 (Address) 3326 Meunier

*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 Belleville, Ills. DATE OF BURIAL Feb. 28, 1931.
Walnut Hill Cemetery.

20. UNDERTAKER A. Gebken & Co 2842 Meunier ADDRESS

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

