

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

Do not use this space.

6929

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Major Registration District No. **1003**
 City St. Louis mo (No. St. Louis Altenhelm) St. _____ Ward)

File No. _____
 Registered No. 1790
 St. _____ Ward)

2. FULL NAME Katherine Bessell

(a) Residence, No. 2019 Alice av St. 9 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Justus H. Palmer 5408 So Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 21 1934

19. UNDERTAKER (ADDRESS) St. Anns Carroll 4600 Neil Bldg

20. FILED 19 J. S. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27 1932 to Feb 19 1934

I last saw him alive on Feb 17 1934 Death is said to have occurred on the date stated above, at 7 A m.

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

Arterial Sclerosis Indefinite Date of onset _____

Ch. Myocarditis 3
valvular disease 2 years
especially since first ill

Other contributory causes of importance: on May 27 - 32

92A
 93C
 97

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

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? _____

If so, specify _____
 (Signed) B. J. Schuler M. D.
 (Address) 945 N. 7th Bldg

7/10/00

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

