

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.

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

Do not use this space.

JAN 23 1936

2805

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City St. Louis (No. 6737 1/2 Schofield St. _____ Ward _____)

File No. _____
 Registered No. 8

2. FULL NAME Ida A. Bess.

(a) Residence, No. Same St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 (OR) WIFE OF Clarence Bess.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49. 2 12.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
 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) Missouri.

FATHER
 13. NAME Henry Brandhorst

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

MOTHER
 15. MAIDEN NAME Albertine Barlish

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

17. INFORMANT Clarence Bess
 (ADDRESS) 6737 1/2 Schofield

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wallman Ho. DATE Jan 7, 1936

19. UNDERTAKER A. W. M. Kaughlin
 (ADDRESS) 2301 Lafayette Ave

20. FILED 1-6-36 H. B. Boehmer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1936

22. I HEREBY CERTIFY That I attended deceased from June 12, 1935 to Jan 4, 1936
 I last saw h. or alive on Jan 4, 1936 Death is said to have occurred on the date stated above, at 5 P.M.

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

Chronic Myocarditis

Other contributory causes of importance

Chronic Nephritis

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) Cordeia Puckett, M. D.

(Address) 3897 Cottage

