

JUL 27 1936

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

Do not use this space. ✓

25113

1. PLACE OF DEATH

County St Louis
Township Carondelet
City St Louis Mo.

Registration District No. 1123
Primary Registration District No. 6248 G
(No. 9070 Weber Rd.)

File No. _____
Registered No. 237
St. _____ Ward _____

2. FULL NAME

Bessie Blust
(a) Residence, No. 9070 Weber Road St. _____ 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anton Blust</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1894</u> | | |
| 7. AGE | YEARS <u>42</u> | MONTHS <u>4</u> |
| | DAYS <u>7</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u> | |
| | 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) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>Andrew F. Barnett</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mary Smith</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> | |
| 17. INFORMANT (ADDRESS) <u>Anton Blust</u> <u>9070 Weber Road</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>June 27</u> 19 <u>36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Ziegenhain Bldg.</u> <u>1613 Cherokee St.</u> | | |
| 20. FILED <u>June 23</u> 19 <u>36</u> <u>G. Mowrey</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from August 30th 1935, to June 21st 1936
I last saw her alive on June 21st 1936 Death is said to have occurred on the date stated above, at 7:0 m.
The principal cause of death and related causes of importance were as follows:
Fatal Hemorrhage
Date of onset 3 days

Other contributory causes of importance:
Constriction of arteries abdomen arising from Crohn's Ulcer

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Walter Sumner M. D.
(Address) 5005 1/2 Lewis Ave

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.

