

JAN 29 1937

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

Do not use this space.

43378

1. PLACE OF DEATH

County Mt. Lewis  
Township  
City University City Mo (No. 7164 Washington Ave)

Registration District No. 1160  
Primary Registration District No. 4470

File No.  
Registered No. 112  
St. Ward

2. FULL NAME Caroline Bendell Pereira

(a) Residence, No. 7164 Washington Aves. Ward.

(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) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Albany N.Y.

13. NAME Herman Bendell

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

15. MAIDEN NAME Yetta Stern

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

17. INFORMANT (ADDRESS) Clarence Pereira 5727 McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 11/30/36 '19

19. UNDERTAKER (ADDRESS) Mayer 4356 Lindell Blvd

20. FILED Nov. 30 1936 Lena D. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1930, 1930, to Nov. 29, 1936. I last saw her alive on Nov. 29, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

General + Cerebral arteriosclerosis Date of onset 1930

Other contributory causes of importance:

Myocarditis, Chronic (Degenerative)

Name of operation none Date of operation  
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external cause (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) Hiram S. Leggett, M. D. (Address) 3724 Washington Blvd

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.

