

JAN 24 1935

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

Do not use this space.

45044

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1002**  
City **St. Louis** (No. **4054**, **Lumina Ave**) St. .... Ward) .....

2. FULL NAME **Missouri Belle Brudeniek**

(a) Residence, No. **4054 Lumina Ave** 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 <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Henry Brudeniek</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 29 - 1880</b>		
7. AGE YEARS <b>54</b>	MONTHS <b>10</b>	DAYS <b>4</b>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Home work</b>		
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) **Lincoln Co. Mo**

MOTHER FATHER

13. NAME **Bernard Thompson**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Henry Brudeniek**  
(ADDRESS) **4054 Lumina Ave**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Frederick Unit** DATE **Nov 24** 19**34**

19. UNDERTAKER **J. Brudeniek**  
(ADDRESS) **4740 9th**

20. FILED **EG 26 1935** **for J. Brudeniek**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/23** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 8** 19**34** to **Dec 23** 19**34**  
I last saw her alive on **Dec 23** 19**34**. Death is said to have occurred on the date stated above, at **8:45** a.m.  
The principal cause of death and related causes of importance were as follows:  
**Bronchopneumonia & Acute Myocarditis**  
**1934**  
**12/23**  
Other contributory causes of importance:  
**Arteriosclerosis**

Name of operation **None** Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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 **CU Harris** (Signed) .....

(Address) **5346 Oriole** .....

Date of onset **12/23/34**

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-PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-15-2-44