

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.	
1. PLACE OF DEATH County..... Township..... City <u>St. Louis</u> (No. <u>3954</u> Louisiana St. Ward)		Registration District No. <u>701</u> Primary Registration District No. <u>1003</u>		File No. <u>21285</u> Registered No. <u>5220</u>	
2. FULL NAME <u>Caroline Marie Theresa Bemberg</u> (a) Residence, No. <u>3954 Louisiana</u> St., <u>16</u> 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Mr.</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16th 1885</u>					
7. AGE YEARS <u>25</u> MONTHS <u>50</u> DAYS <u>1</u> If LESS than 1 day, hrs. or min.		8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 14, 1935</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Arkansas</u>					
13. NAME <u>Julius Bemberg</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
15. MAIDEN NAME <u>Marie Theresa Blanz</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>J. Bemberg</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burger Cemetery June 17th 1935</u>					
19. UNDERTAKER (ADDRESS) <u>W. H. Heilbrunn</u>					
20. FILED <u>JUN 15 1935</u> Registrar. <u>J. A. Brudeck</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 23rd</u> , 19 <u>35</u> , to <u>June 14</u> , 19 <u>35</u> . I last saw her alive on <u>June 14</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>4.00</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Myocarditis, chronic.</u> <u>Carcinoma of Stomach</u> <u>Primarily in liver</u> Date of onset <u>46</u>				Other contributory causes of importance: <u>Carcinoma of Stomach</u> <u>Primarily in liver</u>	
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? <u>No</u> If so, specify _____ (Signed) <u>W. F. Garrison</u> , M. D. (Address) <u>1115 Victor St. St. Louis, Mo</u> <u>Phone Grand 0078</u>					

Dies ist eine offizielle Sterbeurkunde des Staates Missouri aus dem Jahr 1935. Solche Dokumente sind für die Genealogie von unschätzbarem Wert, da sie nicht nur das Todesdatum und die Todesursache festhalten, sondern oft auch Geburtsdaten, Geburtsorte und die Namen der Eltern enthalten. In diesem Fall bestätigt die Urkunde, dass Caroline Bemberg in den USA geboren wurde, ihre Eltern jedoch Einwanderer aus Deutschland waren. Die Erwähnung der chronischen Myokarditis und des Karzinoms gibt Einblick in ihren Gesundheitszustand vor dem Tod. Der 'Burger Cemetery' als Bestattungsort ist ein wichtiger Hinweis für die Suche nach Grabsteinen oder Friedhofsregistern.

Details:

Hauptperson:

- **Name:** Caroline Marie Theresa Bemberg
- **Rolle:** Verstorbene
- **Geburt:** 16. April 1885 in Little Rock, Arkansas
- **Tod:** 14. Juni 1935, 04:00 Uhr morgens in St. Louis, Missouri
- **Alter:** 50 Jahre, 1 Monat, 29 Tage

- **Beruf:** Hausfrau
- **Wohnort:** 3954 Louisiana St., St. Louis, Missouri
- **Todesursache:** Chronische Myokarditis (Herzmuskelentzündung); beigetragen haben Magen- und Leberkrebs (primär in der Leber)

Angehörige:

- **Ehemann:** F. Bemberg (auch Informant)
- **Vater:** Julius Bemberg, geboren in Deutschland
- **Mutter:** Marie Theresa Blanz, geboren in Deutschland

Weitere Personen:

- **Bestatter:** Fred H. Heilligtag, 2909 S. Jefferson Ave
- **Arzt:** Dr. Wm. F. Simon, 1115 Victor, St. Louis
- **Registrar:** J. H. Bredeck

Ereignisse:

- **Beisetzung:** 17. Juni 1935 auf dem Burger Cemetery

Volltext-Transkription:

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

1. PLACE OF DEATH County: [blank] Registration District No. 781 Township: [blank] Primary Registration District No. 1003 City: St. Louis (No. 3954 Louisiana St.; 16 Ward)
2. FULL NAME: Caroline Marie Theresa Bemberg (a) Residence, No. 3954 Louisiana St., 16 Ward. Length of residence in city or town where death occurred: [blank] yrs. [blank] mos. [blank] ds. How long in U.S., if of foreign birth? [blank] yrs. [blank] mos. [blank] ds.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX: Female 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: F. Bemberg 6. DATE OF BIRTH: April 16th 1885 7. AGE: 50 Years, 1 Months, 29 Days 8. Trade, profession, or particular kind of work done: House Wife 9. Industry or business in which work was done: [blank] 10. Date deceased last worked at this occupation: [blank] 11. Total time (years) spent in this occupation: [blank] 12. BIRTHPLACE: Little Rock, Arkansas 13. NAME OF FATHER: Julius Bemberg 14. BIRTHPLACE OF FATHER: Germany 15. MAIDEN NAME OF MOTHER: Marie Theresa Blanz 16. BIRTHPLACE OF MOTHER: Germany 17. INFORMANT: F. Bemberg (Address) 3954 Louisiana 18. BURIAL, CREMATION, OR REMOVAL Place: Burger Cemetery Date: June 17th 1935 19. UNDERTAKER: Fred H. Heilligtag (Address) 2909 S. Jeff Ave 20. FILED: JUN 15 1935 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH: June 14, 1935 22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to June 14, 1935. I last saw her alive on June 14, 1935. Death is said to have occurred on the date stated above, at 4:00 a.m. The principal cause of death and related causes of importance were as follows: Myocarditis, chronic. Other contributory causes of importance: Carcinoma of Stomach & Liver. Primarily in liver. Name of operation: [blank] Date of: [blank] What test confirmed diagnosis? [blank] Was there an autopsy? [blank] 23. If death was due to external causes (violence), fill in also the following: [blank] 24. Was disease or injury in any way related to occupation of deceased? No (Signed) Wm. F. Simon, M.D. (Address) 1115 Victor, St. Louis, Mo. Phone Grand 0078