

MAR 27 1931

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

Do not use this space.

2712

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City (No. ....) .....

Registration District No. 784  
Primary Registration District No. 6030

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

John Bringer  
(a) Residence No. St. Louis Tr. School St. .... Ward

Length of residence in city or town where death occurred 24 yrs. 10 mos. 25 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10, 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 28 9 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Allie Bringer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT Records of St. Louis Tr. School  
(Address) Bellefontaine Rd

15. FILED Mar. 5th, 1931 Dr. Carl J. Kowitz  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from left 10 15 30 to Jan. 5, 1931 that I last saw her alive on Jan. 5, 1931 and that death occurred, on the date stated above, at 12:05 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
23A Pulmonary Tuberculosis  
87B  
23 (duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) Mongolianism - Idiocy  
(duration) Life mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF .....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Dr. Harshy M. Ellenick, M. D.  
1-6, 1931 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Jan 7th 1931

20. UNDERTAKER Edward Tsch ADDRESS 35164 14th

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.

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WRITE PEANUTS WITH OIL-ADHESIVE THROUGH THIS IS A PATENT PROCESS

