

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

Do not use this space.

**1. PLACE OF DEATH**

County 3801, Gravois Ave

Registration District No. 701

Township

Primary Registration District No. 70

City St. Louis Mo. (No. 3801 Gravois)

File No. 34618  
Registered No. 8777  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Jeanette Skinner Walbridge

(a) Residence No. 3801 Gravois Ave St. 16 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**

Female

**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)**

July 1858

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>3</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

seamstress

- (a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Ohio

**10. NAME OF FATHER**

George Walbridge

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

Indiana

**12. MAIDEN NAME OF MOTHER**

Isabel Skinner

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

Indiana

**14. INFORMANT**

Sister Mary of St. Francis Xavier

(Address) 3801 Gravois Ave

**15. FILED**

NOV 10 1933

J. Bredek  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 9 1933

**17. I HEREBY CERTIFY, That I attended deceased from** March 29, 1929, to Oct. 8, 1933  
that I last saw her alive on Oct. 9, 1933 and that death occurred, on the date stated above, at 5 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1- Broncho-Pneumonia  
93C  
107A (duration) 5 yrs. 6 mos. 5 ds.

**CONTRIBUTORY (SECONDARY)**

Chr. Myocarditis (duration) 4 yrs. 6 mos. 5 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Thomas E. M. Park, M. D.

1079, 1933 (Address) 3547 Wyoming

\*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**

**DATE OF BURIAL**

Labray 10-10 1933

**20. UNDERTAKER**

**ADDRESS**

Arthur J. Wonn 2037 Ward 4

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.

NOV 10 1933

