

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ISOLATION HOSPITAL

Do not use this space.

41390

1. PLACE OF DEATH

County..... Registration District No. 191
Township..... Primary Registration District No. 4003
City St. Louis (No.) St. Ward)

File No.
Registered No. 10348

2. FULL NAME

Mary Francis Bringham
(a) Residence, No. 21 Yale Ave St. 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Robert Bringham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29 1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>6</u>
	DAY <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>housewife</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.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
MOTHER	13. NAME <u>Henry Coolidge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Amanda Hurton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT <u>Lena Burns</u> (ADDRESS) <u>5600 Arsenal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Dec 1933</u>		
19. UNDERTAKER <u>Haganey and Co</u> (ADDRESS) <u>3601 Olive St</u>		
20. FILED <u>DEC -1 1933</u> <u>J. Bredek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1933

22. I HEREBY CERTIFY, that I attended deceased from Nov 30 1933 to Dec 1 1933
I last saw him alive on Dec 1 1933. Death is said to have occurred on the date stated above, at 10:37 a.m.
The principal cause of death and related causes of importance were as follows:
Meningococcus
Meningitis
18
Other contributory causes of importance:
None
Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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?
If so, specify.....
(Signed) John Eschenbrenner, M. D.
(Address).....

ISOLATION HOSPITAL

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 PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

