

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..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 4931 Wise Ave.) 4 St. .... Ward)

**FEB 8 1937**

**4313**

File No.....  
Registered No. 1377

**2. FULL NAME** Nellie (Ellen) Bambrick

(a) Residence, No. 4931 Wise Ave. St. 4 Ward. 1  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 19 37

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

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1936 to 1-29 1937

I last saw her alive on 1-29 1937 Death is said to have occurred on the date stated above, at 2:09 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1868

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 10 10

Bronchis Pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

*[Signature]*  
Other contributory causes of importance:  
Chronic Degenerative arthritis  
chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO.

13. NAME Patrick Moran

Name of operation clinical Date of 1-29  
What test confirmed diagnosis clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Ellen Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank Bambrick (ADDRESS) 4931 Wise Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2-1 1937

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED JAN 30 1937 J. F. Bredeck Registrar.

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? no  
If so, specify (Signed) J. M. Webb M. D.  
(Address) 4501<sup>a</sup> Manchester.

Also J. M. Webb  
450 / A Manchester