

MAY 7 1937

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

Do not use this space.

11672

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**City **St. Louis, Mo.** (No. **City Infirmiry**)

File No.

Registered No. **4168**

St. Ward)

2. FULL NAME **Frank Bamber,**(a) Residence, No. **City Infirmiry,** St. **Division D-2.**(Usual place of abode) **5800 Arsenal St.**Length of residence in city or town where death occurred yrs. mos. ds. **13** How long in U. S., if of foreign birth? yrs. mos. ds.

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)

August 29, 1894.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

~~31894~~**43****8****9**

OCCUPATION

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

Clerk

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

Unknown

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation **X**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Harrisonville, Illinois;

MOTHER FATHER

13. NAME

William Bamber,

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

Harrisonville Ills.?

15. MAIDEN NAME

Katherine Wilson,

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

California

17. INFORMANT

(ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary**DATE **April 22 1937**

19. UNDERTAKER

(ADDRESS) **2906 Gravois Ave**

20. FILED

APR 21 1937**J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

March 11, 1937, to April 20, 1937I last saw him alive on **April 20, 1937** Death is saidto have occurred on the date stated above, at **2:30 m. P.M.**

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

CEREBRAL ACCIDENT, LEFT Date of onset**OLD****C.N.S. LNES**Other contributory causes of importance: **34**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **W. P. Gray**, M. D.(Address) **5600 Arsenal**

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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