

REC'D APR 1 1938

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

8838
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Josephine Hospital** Registered No. **2427**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **FRANK G BAMBRICK 5-16**

(a) Residence, No. **2709 Park Ave.** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 30, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 5 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
9. Industry or business in which work was done, as 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) **St. Louis Mo.**13. NAME **Patrick Bambrick**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**15. MAIDEN NAME **Rose Ann McGearry**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**17. INFORMANT (ADDRESS) **Mrs. Blanche Burns Bambrick 2709 Park Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **MAR. 12, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.**20. DATE OF DEATH **MAR 11 1938** (Signature) **J. P. Budick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 10, 1938** 1922. I HEREBY CERTIFY, That I attended deceased from 1935 to **Mar 10**, 1938I last saw him alive on **Mar 10**, 1938 Death is said to have occurred on the date stated above, at **11:55 AM.**

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

*Chronic Pyonephrosis
with Nephrocalculus* Date of onset **1931**

Other contributory causes of importance:

Name of operation *Cystectomy* Date of **1931-34-3**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? **No**CO., specify *St. Louis*(Signed) *J. P. Budick*, M. D.(Address) *634 71 Grand Blvd.*

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.

Mo. The Bidg. 1/16/30

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Alfred J. Prodelter
Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)