

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

Do not use this space.

37297

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jefferson Barracks. (No. U.S. Veterans Hospital)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 364
St. _____ Ward)

2. FULL NAME Joseph A. Bambrick

(a) Residence No. 4931 Wise Ave. St. Louis, Missouri.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - -				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 6, 1882</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Motorman</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Electric Railway</u>				
(c) Name of employer <u>Unknown</u>				

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mis souri

PARENTS	10. NAME OF FATHER <u>Unknown James Bambrick</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown Ellen Moran</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable Ireland</u>

14. INFORMANT C. H. SMITH, M.D., Clinical Director
(Address) U.S. Hosp. Jefferson Barracks, Mo.

15. 11/6/ 1930 L. C. Obrock
FLED. _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 4, 1930.

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1930, to November 4, 1930.
that I last saw him alive on November 4, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic

CONTRIBUTORY Tuberculosis, pulmonary, chronic.
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____

WAS THERE AN AUTOPSY? No. X-ray,
Physical, clinical, and laboratory
WHAT TEST CONFIRMED DIAGNOSIS? Findings.

(Signed) W. C. GIBSON, M.D., Medical Officer
U.S. Veterans Hospital, Jeff. Brks., Mo.

*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 Calvary Cemetery DATE OF BURIAL 11-7 1930

20. UNDERTAKER Krieger & Schaefer ADDRESS 40 Kings Highway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

add information by Ellen Bambrick

DEC 3 1930

