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.

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

Do not use this space.

14876

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 3396

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 6639, Virginia Ave. St. ..... Ward)

2. FULL NAME Jenny L. Wright Bribach.

(a) Residence, No. ..... St., ... Ward. .....
(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

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Dr. Benno Bribach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13. 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75.	1.	28.	

OCCUPATION

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

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 .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg, Ill.

FATHER

13. NAME Thos. C. Wright

8 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent England

MOTHER

15. MAIDEN NAME Jane Patience Husted

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. P. A. Dates 6639 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews Cem. DATE April 14, 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7894 So. Broadway

20. FILED APR 13 1933 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1933, to April 11th, 1933

I last saw her alive on April 11th, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset
Acute Myocarditis	4-5-33
93A	
1003	
93A	

Other contributory causes of importance:

Acute Bronchitis not tubercular	3-31-33

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? no

If so, specify .....

(Signed) Joseph Hardy, M. D.

(Address) 7602 S. Broadway St. Louis

Jos. Hardy