

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29319

State File No. \_\_\_\_\_

FILLED SEP 8 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 111

Registrar's No. 1822

1. PLACE OF DEATH:

(a) County St. Louis,  
 (b) City or town Richmond Heights, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 Minutes.  
 In this community 68 Years.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
 (c) City or town St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3694 West Pine Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? / (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin B. Bambrick.  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st  
 year 1941 hour 4 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male ( ) 5. Color of race White  
 6. (a) Single, widowed, married, divorced Single.  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 9, 1873  
 (Month) (Day) (Year)

Immediate cause of death Natural causes. Duration \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

Due to Coronary sclerosis; pulmonary edema & congestion; septic spleen-itis; partial amputation of right foot.  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Yes.

9. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Vehicle helper.

11. Industry or business \_\_\_\_\_  
 12. Name Thomas Bambrick.  
 13. Birthplace Ireland.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bridget McDonough.  
 15. Birthplace Ireland.  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant E.G. Kerwin.  
 (b) Address 85 Berdeen Place, Clayton, Mo.  
 17. (a) Burial (b) Date thereof 9-4-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery.

23. Signature Louis H. Duggan (M. D. or other) 9  
 Address Kirkwood, Mo. 9/3/41 Date signed \_\_\_\_\_

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 LINDELL BLVD.  
SEP - 3 1941  
 19. (a) \_\_\_\_\_ (b) C. H. McHarmon  
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 10 1942

W. H. Von Matre  
Lafayette, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. H. Von Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.)**

**If this body is not embalmed; fact should be so stated above.**