

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31532**
Registrar's No. **7628**

FILED SEP 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
5212 Devonshire ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
(d) Street No. **5212 Devonshire ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Bambrick**
(b) If veteran, name war **no**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **4**
year **1946** hour **3** minute **A.M.**
21. I hereby certify that I attended the deceased from **Aug 7, 1946**
19 **46**, to **Sept 04** 19 **46**
that I last saw her alive on **Aug 31** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Michael Bambrick**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 24 1870**
(Month) (Day) (Year)

Immediate cause of death **Coronary infarction** Duration **1. MO**
Coronary Arterio Sclerosis
Due to **Coronary Arterio Sclerosis** **1 MO**

8. AGE: Years **76** Months **2** Days **10**
If less than one day _____ hr. _____ min.

Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

9. Birthplace **Cairo Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Major findings:
Of operations **none**
Of autopsy **none**
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Henry Boede**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. J. Langan**

(b) Address **5212 Devonshire ave.**

17. (a) **Removal** (b) Date thereof **Sept. 4-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cairo, Illinois**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway St. Louis, Mo.**

19. (a) **SEP 4 1946** (b) **J. A. Bredek**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **Deane F. Hough, M.D.** (M. D. or other) **M.D.**
Address **5352 Devonshire** Date signed **9/4/46**

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.