

MAR 26 1928

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

Do not use this space.

6178

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
Township St. Ferdinand Primary Registration District No. 6030 Registered No. _____
City St. Louis (No. 6506 Emma) St. _____ Ward _____

2. FULL NAME

William E Bromwich

(a) Residence. No. 6506 Emma 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm. E. Bromwich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Joseph P. Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Colo

14. INFORMANT Wm. E. Bromwich
(Address) 6506 Emma

15. FILED 2-14-1928 W. W. Schuchert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 6
1928, to Feb 13, 1928
that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 9:28 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
1st / 6th (duration) yrs. mos. 8 da.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

() DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lillian V. Young, M. D.
2/14, 1928 (Address) 4511 N. 20th St.

*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 Memorial Park DATE OF BURIAL Feb. 15 1928

20. UNDERTAKER Wm. Paschke ADDRESS 2825 No Grand

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.

