

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

Do not use this space.
15445

15177

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003

File No.
Registered No. **4380**
Sl. (Ward)

2. FULL NAME

(a) Residence. No. **1017 Allen Ave. 13** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U.S., if of foreign birth? **30** yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **Adaw Federspiel**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 7, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38, 3, 20.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

10. NAME OF FATHER **Anton Bronshovsky**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Steh**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT **Adaw Federspiel**
(Address) **1017 Allen Ave**

15. FILED **APR 22 1928**
Mar E. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr 21 1928**

17. I HEREBY CERTIFY That I attended deceased from **Apr 9** 19**28** to **Apr 21** 19**28**
that I last saw him alive on **Apr 20** 19**28**, and that death occurred, on the date stated above, at **11:28 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
55D / 97B Brain Tumor
Type unknown

CONTRIBUTORY (SECONDARY) **Convulsion**
(duration) **84 W** yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **3/20**

WAS THERE AN AUTOPSY? **no**
WHAT TEST CONCERNED DIAGNOSIS?
(Signed) **Robert L. Heber**, M. D.
, 19 (Address) **1837 S. 9th**

*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 **St Peter + Paul** DATE OF BURIAL **Apr 21 1928**

20. UNDERTAKER **Thos. Kutis** ADDRESS **246 Groves**

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.

