

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

Do not use this space.

6371

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1303
City St. Louis (No. City Hospital)

File No.
Registered No. 1403
St. Ward)

2. FULL NAME

(a) Residence, No. 1257 Warren St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maintenance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. man 260
10. Date deceased last worked at this occupation (month and year) March 26 11. Total time (years) spent in this occupation. Brook B.S. Co

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Frank Brodnick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

15. MAIDEN NAME Kathryn Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Coburn DATE Feb 15 1932

19. UNDERTAKER (ADDRESS) Central Burial Co

20. FILED FEB 13 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1932, to Feb. 11th 1932

I last saw him alive on Feb. 11th 1932 Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Terminal bronchopneumonia
st. legs
1078
430
Other contributory causes of importance
Chronic myocarditis
Edema of Brain

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 (1)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. Richman M. D.
(Address) City Hospital

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.

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