

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

Do not use this space.

29604

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Jefferson Primary Registration District No. 5575
City St. Louis (No.) St. Ward)

2. FULL NAME

Mary Bronson
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>102</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richwoods 1 Mo</u> | | |
| FATHER | 13. NAME <u>Paul Roussau 6</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia 2</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown 31</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| 17. INFORMANT (ADDRESS) <u>Chas Bronson, St. Louis, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Cemetery 9/19/32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>First Natl Co, St. Louis, Mo.</u> | | |
| 20. FILED <u>9/19 1932 J.E. Rutledge Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1932 to Sept 18 1932
I last saw him alive on Sept 17 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
930 9/10
11/2
Other contributory causes of importance: Smoking ①

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

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D.O. Estensley M. D.
(Address) Meriden Mo.

K. 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.

OCT 26 1932

RECORD WITH EMPLOYING AGENCY—THIS IS A PERMANENT RECORD

