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

Do not use this space.
33849

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 003
City St. Louis (No. 3201 Washington Ave St. ..... Ward)

File No. .....
Registered No. 9149

2. FULL NAME Dr. George A. Bronson

(a) Residence, No. 3201 Washington Ave. Ward. 21
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16- 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow Vermont

FATHER
13. NAME George S. Bronson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER
15. MAIDEN NAME Martan W. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ludlow Vermont

17. INFORMANT Jessie M. Smith
(ADDRESS) 3201 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory 10-17 1932

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive Street.

20. FILED OCT 15 1932 Mae E. Starkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932, to Oct 14, 1932
I last saw him alive on Oct 11, 1932. Death is said to have occurred on the date stated above, at 6.30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	1931
Myocarditis Chronic	Apr 1931
Coronary Artery Disease	1930
131.96 131	
Other contributory causes of importance:	
Paroxysmal hypertrophy with obstruction	1931

Name of operation Prostatectomy Date of Nov 3 1932
What test confirmed diagnosis? Autopsy Was there an autopsy? No

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? No
If so, specify —
(Signed) C. A. Bronson, M. D.
(Address) 958 Arcade Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Glenn

Chestnut 7048