

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.

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

Do not use this space.

791
10133

3603

1. PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City *St. Louis* (No. *City Hospital*)
 # *14765*
 2. FULL NAME *Clarence J. Bronzier*
 (a) Residence, No. *506 S. Cathe* St. *12* Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *4* yrs. *5* mos. *5* ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

File No.....
 Registered No. *540*
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 18 - 1862*
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
70 *27*

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *clerk*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Real estate*
 10. Date deceased last worked at this occupation (month and year) *Jan 1930* 11. Total time (years) spent in this occupation *18*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Westfield Ohio

FATHER
 13. NAME *Hugh Bronzier*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Hagerstown Pa.

MOTHER
 15. MAIDEN NAME *Elizabeth Wheeler*

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

17. INFORMANT (ADDRESS)
Supplied information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walhalla Cemetery* DATE *Jan 18 1933*

19. UNDERTAKER (ADDRESS)
Alexander & Sons 6125 Delmar

20. FILED *JAN 16 1933*
City Hospital
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 14th 1933*
 22. I HEREBY CERTIFY, That I attended deceased from *Nov 28th 1932* to *Jan 14th 1933*
 I last saw him alive on *Jan 14th 1933* Death is said to have occurred on the date stated above, at *9:08 PM*
 The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder Date of onset

51B
 Other contributory causes of importance:
the myocarditis the nephritis

Name of operation *suprapubic cystostomy* Date of *1-12-33*
 What test confirmed diagnosis? *clinical* 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?
 If so, specify
 (Signed) *J. M. Macintosh*, M. D.
 (Address) *City Hospital*

Bronzen