

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. - *City Hosp #1*)

File No.....

Registered No. *12007*

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

*Baby Bronn
1413 N. 11th St. 25 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *S* 4. COLOR OR RACE *w.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24-34*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *5*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *11/24*, 19*34* to *11/29*, 19*34*. I last saw him alive on *11/29*, 19*34*. Death is said to have occurred on the date stated above, at *1:55* p. m.

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil*

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

Other contributory causes of importance:

Prematurity

159

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

13. NAME *John Bronn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER

15. MAIDEN NAME *Anna Reng*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT *Wasp City Hosp #1* (ADDRESS)

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.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *12/21/34*

19. UNDERTAKER (ADDRESS) *Paul J. Johnson*

20. FILED *15 20 1534* 19..... *J. F. Bredeck* Registrar.

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

If so, specify.....

(Signed) *J. F. Qualls*, M. D.

(Address) *City Hosp #1*

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.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU