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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18128

Township ..... Primary Registration District No. 1003 Registered No. 4704

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Edward T. Bronenkamp

(a) Residence, No. 3540 Wyoming St. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Frieda Bronenkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1880

7. AGE: 72 — YEARS: 56 — MONTHS: 11 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Owen-Ill. Can Co.
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): St. Louis Mo.

FATHER

13. NAME: Edward Bronenkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER

15. MAIDEN NAME: Mary Benisch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Mrs Frieda Bronenkamp 3540 Wyoming

18. BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory DATE May 10 1937

19. UNDERTAKER (ADDRESS): As Lov L & U Co. 2707n North Grand

20. FILED MAY 8 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to May 7, 1937

I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 8a m.

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

Bronchial Asthma — Date of onset

93C

Other contributory causes of importance:

Chronic Myocarditis
Bronchetiasis
Emphysema Non T.B.

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

What test confirmed diagnosis? X rays 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) Byron J. McGinnis, M. D.

(Address) 3806a S. Broadway

NOV 2 5 1941