

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_

27177

7073

SEP 25 1940

791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2409 Goode Avenue *2*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2409 Goode Avenue  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Luella Bronaugh (Bernard)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Bronaugh 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 4, 1892  
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 15  
If less than one day hr. min.

9. Birthplace Clarksville, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Unavailable - Morris  
 { 13. Birthplace Unavailable *9*  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Unavailable  
 { 15. Birthplace Unavailable *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
 (b) Address 2409 Goode Avenue

17. (a) Burial (b) Date thereof 8/22/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles C. Gates  
 (b) 4107 Finney Avenue

19. (a) AUG 21 1940 (b) J. F. Brundick  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,  
 year 1940 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 11<sup>th</sup>, 1940, to August 19<sup>th</sup>, 1940  
 that I last saw her alive on August 19<sup>th</sup>, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-Carditis  
caused by chr. myocarditis  
 Due to Idiosyncrasy

Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. F. Brundick (M. D. or other) MP  
(Specify type of place) (e) Means of injury  
 Address 1001 North Jefferson Date signed 8/21/1940

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*James A. Johnson*, Registered Apprentice No. ....  
working under my personal supervision.

Signed

*James A. Johnson*  
Licensed Embalmer No. *3522*

P. O. Address *407 Finney*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**