

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7778

Registrar's No. 436

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
75 Lake Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT Evaline Bronaugh  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife. Warren C. Bronaugh 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. February 14, 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months - Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Franklin, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation not employed

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

MOTHER FATHER { 12. Name Andrew S. Blankenbaker  
13. Birthplace Va. (City, town, or county) (State or foreign country)  
14. Maiden name Emiline Kingsbury  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack P. Dazey

(b) Address 75 Lake Forest

17. (a) Burial (b) Date thereof 2/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 615 1/2 Rd. at Concordia Lane

19. (a) FEB 28 1942 (b) C. S. McPherson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 75 Lake Forest  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24  
year 1942 hour 4:05 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from December 1, 1941 to February 24, 1942; that I last saw h. er. alive on February 23, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death. Senility  
Mucocorditis Chr. ± auricular fibrillation  
Arterio Sclerosis general & coronary.

Due to Broncho Pneumonia Terminal Duration 4 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harry B. Bristow (M. D. or D. O. C.)  
Address 634 N. Grand Blvd. Date signed 2/24/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16/3

96/8  
3

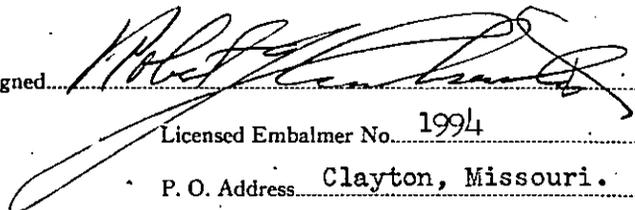
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

**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, fact should be so stated above.**