

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38528

State File No. 10744

FILED JAN -5 1943 818

Registration District No. Primary Registration District No. 1003

Registrar's No.

2093
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CITY HOSPITAL 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL.")

(d) Street No. 7321 Michigan
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME GEORGE BRONKEY

3. (b) If veteran, name war NO

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex MALE

5. Color or Race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife EDNA

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: JULY 10 1852
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized Arteriosclerosis
Aneurysm

8. AGE: Years 90 Months 5 Days 13 If less than one day
hr. min.

Duration
.....

Due to.....

Due to..... 97

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

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

Major findings:
Of operations.....

Of autopsy.....

10. Usual occupation Retard

11. Industry or business Merchant

PHYSICIAN
.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Fiken

(b) Address 7321 Michigan

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?
(Specify type of place)

17. (a) BURIAL (b) Date thereof 12/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director J. P. Smith

(b) Address 7128 Michigan

19. (a) DEC 23 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place)

23. Signature Thomas F. Callahan
Address Expty Colonel Date signed 12-23-42

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.....

Geo. B. Fendler

Licensed Embalmer No. 925

P. O. Address. ST LOUIS

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.