

FILED AUG 7 1945  
Registration District No. 217

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Louis County Hosp.  
(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 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 6106 Victoria 9  
(If rural, give location)

(e) Citizen of foreign country? No. 1  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BRONSKOWSKI, ROBERT R.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. ( ) 5. Color or race W.

6. (a) Single, widowed, married, divorced 5 6

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: OCTOBER 7 1926  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

18 9 18 hr. \_\_\_\_\_ min.

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

10. Usual occupation MAIL CLERK

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

MOTHER FATHER { 12. Name Joseph H. Bronskowski

13. Birthplace Leavenworth, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Keenan

15. Birthplace Pasla, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Bronskowski

(b) Address 6106 Victoria

17. (a) Burial (b) Date thereof July 28, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director M. J. Glasgow

(b) Address 7146 Manchester

19. (a) 7-28-45 (b) E. S. McGarran  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month July day 25  
year 1945 hour four minute \_\_\_\_\_ D. M.

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to Accident 183-3  
26

Due to Swimming in Maplewood swimming pool,

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

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

Of autopsy none

PHYSICIAN \_\_\_\_\_

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) Accident 12

(b) Date of occurrence July 25th 1945

(c) Where did injury occur? Maplewood St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In public swimming pool

While at work NO (Specify type of place) \_\_\_\_\_ (e) Means of injury drowning

23. Signature Arnald J. Williams Coroner's  
(M. D. or other)

Address Clayton, Mo. Date signed 7-27-45

AUG 7 1945

**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..... *Albert G. Kappeler*

Licensed Embalmer No..... *2971*

P. O. Address.....

**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.**