

FILED NOV 30 1945

Registration District No. 178

Primary Registration District No. 4286

85

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

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 74 10 0 years, months or days

3. (a) PRINT FULL NAME Edward Fredrick Bronestine

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male <sup>D</sup>

5. Color or race White

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

6. (b) Name of husband or wife Amelia Bronestine

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

7. Birth date of deceased December 14th. 1870  
(Month) (Day) (Year)

8. AGE: 74 Years 10 Months 0 Days

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name William H. Bronestine

13. Birthplace Leipzig Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Drescher

15. Birthplace Leipzig Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Bronestine

(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 10/18/45.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Midway

18. (a) Signature of funeral director [Signature]

(b) Address La Grange, Missouri.

19. (a) 10-18-45 (b) P. W. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis <sup>56</sup>

(c) City or town La Grange <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14  
year 1945 hour 77 minute 30 P.M.

21. I hereby certify that I attended the deceased from OCT 14  
1945, to OCT 14 1945

that I last saw him alive on OCT 14 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death PERFORATED PEPTIC ULCER WITH HEMORRHAGE

Duration 3 Hours

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

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

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

Major findings: [Signature]

Of operations \_\_\_\_\_

Of autopsy 170

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) \_\_\_\_\_

(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)

Means of injury \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_

Address: La Grange, MO Date signed 10/18/45

RECEIVED

District Health Officer No. 10

District File Number 11-45-1746

Date Filed NOV 27 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.....

A.A. Roberts

Registered Apprentice No.....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.