S. No. 300
v. 10.48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10214

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2131

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 27 YRS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1023 N. PENDLETON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2119

d. STREET ADDRESS (If rural, give location): 11 1023 N. PENDLETON

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS b. (Middle): c. (Last): BRONSON

4. DATE OF DEATH (Month) (Day) (Year): MAR. 4 50

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: APRIL 24, 1892
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 10, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): GOLDSBORO N.C.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SARGENT BRONSON
13b. MOTHER'S MAIDEN NAME: FANNIE LANE
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: ANNIE HOLLOWAY ADDRESS: 1023 N. PENDLETON

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 422K

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__; that I last saw the deceased alive on _____ 19__, and that death occurred at 3a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 11 N Jefferson Av
23c. DATE SIGNED: 3/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-9-50
24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK
24d. LOCATION (City, town, or county) (State): ST. LOUIS Co Mo

DATE REC'D BY LOCAL REG.: MAR 6 1950
REGISTRAR'S SIGNATURE: J. B. [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] BENNERAL HOME ADDRESS: 4181 WASHINGTON

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Esther R. Harsca

Signed _____
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washing

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.