

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9080**

FILED APR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **61**

|   |  |  |                                 |
|---|--|--|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Phelps</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>St. Louis 4003</b> |                                 |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rolla 4</b> ) |  | c. LENGTH OF STAY (in this place) <b>5 years</b>   | c. CITY OR TOWN <b>Kirkwood</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>               |  | STREET ADDRESS (If rural, give location) <b>Kirkwood Hotel</b>   |                                 |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <b>JAMES BROMELSIK</b>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>March 31, 1955</b> |   |   |
| 5. SEX <b>Male 0</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower 2</b> | 8. DATE OF BIRTH <b>Feb. 7, 1872</b>                        | 9. AGE (in years last birthday) <b>83</b>   | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Exterior Painting</b>              |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson County, Mo. 0</b> |   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |                               |   |   |   |   |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>Henry Bromelsick</b> | 13b. MOTHER'S MAIDEN NAME <b>Drusella Longworth</b> | 14. NAME OF HUSBAND OR WIFE <b>Unknown</b> |
|--|---|--|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Nursing Home records</b> | ADDRESS |
|---|--|---|---------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Several weeks</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Paralysis both lower extremities due to arteriosclerosis</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Scurvy arteriosclerosis</b>  |   |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>4501</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from **Permitted for 5 years**, 19\_\_\_\_, that I last saw the deceased alive on **3-31, 1955**, and that death occurred at **8:26 p.m.**, from the causes and on the date stated above.

|  |                   |                               |                                |
|--|-------------------|-------------------------------|--------------------------------|
| 23a. SIGNATURE <b>E. L. Feind m.d. 0</b> | (Degree or title) | 23b. ADDRESS <b>Rolla Mo.</b> | 23c. DATE SIGNED <b>4-6-55</b> |
|--|-------------------|-------------------------------|--------------------------------|

|  |                                |  |   |
|--|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>April 1, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Kirkwood</b> | 24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri</b> |
|--|--------------------------------|--|---|

|  |  |     |  |                           |
|--|--|-----|--|---------------------------|
| DATE REC'D BY LOCAL REG. <b>Apr. 6, 1955</b> | REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b> | 380 | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Noll</b> | ADDRESS <b>Rolla, Mo.</b> |
|--|--|-----|--|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

APR 12 1955

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..

Student .....  
Signature of Student Embalmer

Signed ..... *Paul E. Nultz*

Licensed Embalmer No. *449*

P. O. Address ..... *Polla, 1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.