

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JAN 24 1938

1. PLACE OF DEATH

County St. Louis  
Township Bonhomme  
City Fenton

Registration District No. 785  
Primary Registration District No. 6031

File No. 46638  
Registered No. 178

2. FULL NAME Charles A. Bromelsick

(a) Residence, No. FENTON, MO., St. MO., Ward. 3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Bromelsick

22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1937, to 12/27, 1937

I last saw him alive on 12/27/37, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1863

to have occurred on the date stated above, at 8:30 Am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 74 6 11

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset 1931

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-30 11. Total time (years) spent in this occupation

Other contributory causes of importance:

faturation of heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

13. NAME Henry Bromelsick 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Wm. Richards (ADDRESS) Fenton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sappington, MO DATE Dec. 29 37

19. UNDERTAKER Kenneth W. Koch (ADDRESS) FENTON, MO.

20. FILED 12-28-37 Agnes Kelly Registrar

Name of operation Aut Date of no

What test confirmed diagnosis? Aut Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1937

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Walter Kelly, M. D.

(Address) Fenton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

