DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37541

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 9380

1. PLACE OF DEATH: 2

(a) County

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

(c) Name of hospital or institution: 7427a S. Broadway
(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: 1

(a) State Missouri (b) County

(c) City or town 7427a S. Broadway 1
(If outside city or town limits, write "RURAL")

(d) Street No. St.Louis?mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Tronich 65

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

3. (c) Social Security No. --

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 1 (Day) 39 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 5 hr. 5 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph Tronich
13. Birthplace St.Louis,Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Meyer
15. Birthplace St.Louis,Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address 1923 California

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Hope

18. (a) Signature of funeral director Fendler Und.Co.

(b) Address 7420 Michigan

19. (a) NOV 2 1939 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 1/39 day 1st year 1939 hour 8:05 minute A.M.

21. I hereby certify that I attended the deceased from 7:15 am Nov. 1, 1939, to 8:05 am. Nov. 1, 1939, that I last saw her alive on Nov 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease

Due to Premature birth

Due to

Other conditions "Blue Baby" with slow heart rate-66
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 1
(Specify type of place)

While at work? (e) Means of injury

23. Signature Norman E. Miller (M. D. or other)

Address 7327 S. Broadway Date signed Nov. 1, 1939

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

Mr. Smuller -
7300 Br[illegible]

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.....

.....Not Embalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.