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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16863

State File No.

4381

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(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:
residence 15838 Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010
(c) City or town St. Louis 577
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5838 Pershing Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ida R. Bronson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward P. Bronson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June 27 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	10	28	hr. min.

9. Birthplace Claremont / N. Hamp.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel S. Robinson

13. Birthplace Cornish / N. Hamp.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Norton

15. Birthplace Ascutnay / Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. H. Corbett
(b) Address 5838 Pershing Ave.

17. (a) Cremation (b) Date thereof 5/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. CO.
(b) Address 3621 Olive, St. Louis, Mo.

19. (a) MAY 26 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from August 15 1938 to May 25 1941;
that I last saw her alive on May 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 yrs

Due to 930

Due to 10 yrs

Other conditions general arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1850
Of autopsy 1850

Duration
2 yrs
10 yrs
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) (e) Means of injury

23. Signature Donald Beck (M. D. or other) 1850
Address 3720 Washington Date signed 5/25/41

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

MOTHER FATHER

JUN 26 1941

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

NO. EMBALMING

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, fact should be so stated above.