S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3046

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4236a Garfield (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Bronson

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Fred Bronson

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

7. Birth date of deceased 2 (Month) – 3 (Day) – 1884 (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Montgomery City, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Elvie Elliot
15. Birthplace Unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Fred Bronson - Husband
(b) Address 4236a Garfield Ave. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 3615-17 Easton Avenue.

19. (a) APR 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1946 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from March 19, 1946 to March 29, 1946 that I last saw her alive on March 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Decompensation	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. J. Geyer (M. D. or other)
Address 2601 N Whittier St Date signed 3-30-46

(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~~ .....

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

working under my personal supervision.

Signed: Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. E. [illegible]

Webster, [illegible]

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.