

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28791

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7273	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital.				e. STREET ADDRESS (If rural, give location) 5591 Lindell Blvd. 210/0			
3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) K. c. (Last) Bromley			4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 7, 1878		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mfg.		10b. KIND OF BUSINESS OR INDUSTRY Automobiles		11. BIRTHPLACE (City and State or Foreign Country) Catlettburg, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John B. Bromley			13b. MOTHER'S MAIDEN NAME Elizabeth Damron		14. NAME OF HUSBAND OR WIFE Mary H. Bromley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Raymond Percich, 705 Chestnut St. ADDRESS			
18. CAUSE OF DEATH PER LINE FOR (a), (b), and (c) Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of the left kidney Fractured ribs; buffered marked decreased yellow striking II. OTHER SIGNIFICANT CONDITIONS Head on with breast (metal) to his name on July 17th 1954 DUE TO (c) Head on with breast (metal) to his name on July 17th 1954  19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH _____
19b. MAJOR FINDINGS OF OPERATION		19c. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21d. HOW DID INJURY OCCUR? Accident	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) July 17 54 9:40		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR? 000 E9040			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 p.m., from the causes and on the date stated above. 21							
23a. SIGNATURE Patrick P. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.5.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-54		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. AUG 5 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary, 4911 Washington. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Robert M. Murray*.....

Licensed Embalmer No. *379*

P. O. Address *St. Louis, Mo.*

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.