

No. 300
0-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9632

FILED MAR 18 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1764**

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

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		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Garman Deology Hosp		e. STREET ADDRESS (If rural, give location) 4327 Manchester Ave. 21870			

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Florence c. (Last) Bronger			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1955		
---	--	--	--	--	--

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 24, 1880	9. AGE (In years last birthday) 74	10. MONTHS 5	11. DAYS 23	12. HRS. 0	13. MIN. 0
------------------	----------------------------	---	---------------------------------------	---	---------------------	--------------------	-------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Martinsburg Mo.		12. CITIZEN OF WHAT COUNTRY?	
--	--	-----------------------------------	--	---	--	------------------------------	--

13a. FATHER'S NAME John A. Bronger		13b. MOTHER'S MAIDEN NAME Lovie Snow		14. NAME OF HUSBAND OR WIFE George W. Bronger			
---	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Rev. O.C. Bronger ADDRESS 284 Michigan			
---	--	-------------------------------	--	--	--	--	--

18. CAUSE OF DEATH 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) Generalized peritonitis INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.2	
---	--	--	--	---	--

22. I hereby certify that I attended the deceased from **2/20**, 19**55**, to **2/23**, 19**55**, that I last saw the deceased alive on **2/22**, 19**55**, and that death occurred at **5:19 AM**, from the causes and on the date stated above.

23a. SIGNATURE Don Deak (Degree or title) MD		23b. ADDRESS 1325 S Grand Ave		23c. DATE SIGNED 2/23/55	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-53		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) 7801 Benedict Ave Ma	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. FEB 24 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Campbell ADDRESS Martinsburg 5165 Delmar	
---	--	---	--	---	--

(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, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Rex E Campbell*.....

Licensed Embalmer No. 388.....

P. O. Address *St Louis*.....

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.