

FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020498

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1294

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Affton, Mo. 4820	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9301 Niles Pl.		Length of stay in 1b At home		d. STREET ADDRESS 9301 Niles Pl.	
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH BRONENKAMP			4. DATE OF DEATH Month Day Year May 12, 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 21, 1884	9. AGE (In years last birthday) 74	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edgar Schneider		13b. MOTHER'S MAIDEN NAME Theresa Kuhl		14. NAME OF HUSBAND OR WIFE Frank Bronenkamp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Gertrude Youngman, 9301 Niles Pl.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerosis heart disease & decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4/300 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 1 yr
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-2-58 to 5-12-58 and last saw her alive on 5-12-58 Death occurred at 12-12-58 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M.D. H. J. Brown			22b. ADDRESS 950 Grays		22c. DATE SIGNED 5-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-15-58		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
				23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo	
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves			25. DATE RECD. BY LOCAL REG. 5-13-58		26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leslie Welch* _____

Licensed Embalmer No. *4395*
P. O. Address *Wobster, Groton*

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.