

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 21 1936

34783

1. PLACE OF DEATH

County Jefferson
Township Waller
City St. Louis (No. _____)

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Christopher C Bruce
(a) Residence, No. 407 East St Louis St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Maggie Bruce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1879</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto mo

13. NAME George Bruce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Maggie Bruce 407 East St Louis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE Sept 20 1936

19. UNDERTAKER (ADDRESS) M. O. Hershey

20. FILED Oct. 12 1936 May Prindergast Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Sept 16, 1936. I last saw him alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Acute endocarditis
56
Rheumatism

Name of operation none Date of _____
What test confirmed diagnosis? Claval Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) David Ford, M. D.
(Address) De Soto mo

