

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

35708
Do not use this space.

1. PLACE OF DEATH 151937
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. City Infirmary. Registered No. 9285
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Bruce.
 (a) Residence, No. 5800 Arsenal St. St. 13 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice Bruce.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1874.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 1874 63 6 20
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beef Boner.
 9. Industry or business in which work was done, as saw mill, bank, etc. x
 10. Date deceased last worked at this occupation (month and year) X
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Illinois.

FATHER
 13. NAME Robert Bruce.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
 15. MAIDEN NAME Jenny Lusk,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT E. Molony, (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE Oct 4, 37

19. FUNERAL DIRECTOR (ADDRESS) Proghan and Co Inc 744 Manchester Ave.

20. FILED OCT 4 1937 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 19 37
 22. I HEREBY CERTIFY, That I attended deceased from August 19, 19 37 to October 2, 19 37
 I last saw him alive on October 2, 19 37. Death is said to have occurred on the date stated above, at 8:30 m. A.M.
 The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease
Arteriosclerosis

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

24. Was disease or injury in any way related to occupation of deceased? If so, specify
 (Signed) Geo. J. Bradley, M. D. (Address)

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.

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