

WHILE FINGER- AND OR PRINTING BACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24163

State File No.

Registrar's No.

6436

791
1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3526 Arsenal St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 22 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3526 Arsenal St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME David Bruce 620

3. (b) If veteran, name war no 3. (c) Social Security No. 493-10-9840

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 5, 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator

11. Industry or business Public Service

12. Name George Bruce

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Whitehead
(City, town, or county) (State or foreign country)

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Pearl Bruce
(b) Address 3526 Arsenal St

17. (a) Burial (b) Date thereof 7/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville Mo.

18. (a) Signature of funeral director L. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUL 21 1939 (b) J. F. Buckler
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1939 hour 10 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to July 17, 1939, 19____; that I last saw him alive on July 13, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to My previous Heart Disease

Other conditions Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Duration
2 yr.
3 yr.
3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury !

23. Signature Dr. J. Patton (M. D. another)
Address 723 University Club Bldg. Date signed 7/21/39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. K. Cooper

Licensed Embalmer No. 2633

P. O. Address 2317 1/2 W. 1st St.

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 this body is not embalmed, above space should be left blank.