

JAN 12 1940

Registration District No. **701**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1008** **2**  
(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3601 Page Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **69 YEARS**  
years, months or days

3. (a) PRINT FULL NAME **FRANCIS M. BRUIN** **65B**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **MARCH 20 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>8</b>	<b>22</b>	_____ hr. _____ min.

9. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED SHOE WORKER**

11. Industry or business \_\_\_\_\_  
12. Name **JOHN BRUEN**  
18. Birthplace **ENGLAND**  
(City, town, or county) (State or foreign country)  
14. Maiden name **CATHERINE NOOVEN**  
15. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Maude McArthur**  
(b) Address **TRUXTON MO.**

17. (a) **BURIAL** (b) Date thereof **12-15-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 LINDELL BLVD.**

19. (a) **DEC 14 1939** (b) **J. B. Bredel**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**  
(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3601 PAGE BLVD.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **12**  
year **1939** hour **12,30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 2nd**  
**1939**, to **Dec 11**, **1939**,  
that I last saw him alive on **Dec 11**, **1939**,  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Endocarditis**

Duration **2 1/2**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

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)  
(e) Means of injury **1**

23. Signature **C. A. [Signature]** (M. D. or other)

Address **1316 A n Grand** Date signed **Dec 14 39**

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.

