DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9443

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2853

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: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County

(c) City or town West Helena
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Henry Bruce

3. (b) If veteran, name war none

3. (c) Social Security No. 382-18-6261

4. Sex Male

5. Color or race Colored

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 Aug (Month) 14 (Day) 1916 (Year)

8. AGE: Years 24 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Lumber Mill

FATHER
12. Name Will Bruce
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Viola Valentine
15. Birthplace Silon (City, town, or county) Miss. (State or foreign country)

16. (a) Informant's own signature Cora Young
(b) Address West Helena Ark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation West Helena Ark

18. (a) Signature of funeral director J L Marshall
(b) Address 2205 Mo Ave East St Louis Ill

19. (a) MAR 31 1941 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis. Duration

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

23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 3/31/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK 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.

I X19511

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 Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.