

791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3212

1. PLACE OF DEATH:

(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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community abt. 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3812 Cook
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME

Ella Bruce

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl Bruce

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased December 20, 1920
(Month) (Day) (Year)

8. AGE:

Years 21 Months 3 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Clandon
(City, town, or county)

A.R.K.
(State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

12. Name Albert Zimmerman

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Bruce

(b) Address 3812 Cook Ave

17. (a) Burial (b) Date thereof April 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dreewood

18. (a) Signature of funeral director G. Young

(b) Address 2620 Taylor

19. (a) APP 14 1941 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 9, 1941, to April 11, 1941; that I last saw her alive on April 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Due to the
Due to the
Other conditions (include pregnancy within 3 months of death) 22

Major findings: Of operations _____
Of autopsy atelectasis of left lung
marked the left lung

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 0
23. Signature Lucius S. Davis (M. D. or other) M.D.
Address 1536 Papin St. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

MOTHER FATHER

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, Mr

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Clair Young

Licensed Embalmer No.

33715

P. O. Address

St. Louis

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.