

OCT 13 1943 318

Registration District No.

Primary Registration District No.

100

Registrar's No.

8763

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3954 Meramec St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 9/15  
(d) Street No. 3954 Meramec St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Wallace Bruce

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-700

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 15, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 17 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER

12. Name Don't Know  
13. Birthplace Don't Know (City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Bruce  
(b) Address 3954 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director Edwin - Benz mortuary  
(b) Address 2842 Meramec St.

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1943 hour 7 minute A.

21. I hereby certify that I attended the deceased from Oct 15/43 to Oct 21/43 and that death occurred on the date and hour stated above.

Immediate cause of death Phlegm Lymphatic  
Leukemia Duration 1 mo.

Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death) 7/4

Major findings: Of operations..... Of autopsy.....  
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  
23. Signature W. J. [Signature] (M. D. or other) Address 4724 [Address] Date signed 10/24/43

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

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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 me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Jac D. Benz*  
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis, Mo.

**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, fact should be so stated above.**