

FILED APR 23 1945

Registration District No. 379

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4
(Specify whether
In this community 4-days
years, months or days)

3. (a) PRINT FULL NAME James D. Bruce

3. (b) If veteran, name war None
3. (c) Social Security No. 498-07-7026

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife Mollie
6. (c) Age of husband or wife if alive D years

7. Birth date of deceased April 11 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 15
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation retired Salesman

11. Industry or business

12. Name John Bruce

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

14. Maiden name Ellen Hood

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

16. (a) Informant Douglas Bruce

(b) Address 2822-Calvert Ave-Overland

17. (a) Burial (b) Date thereof 3-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Samman Brodick

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAR 29 1945 (b) Dr. C. G. McManis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland 91
(If outside city or town limits, write "RURAL")
(d) Street No. 2822-Calvert Ave 13
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1945 hour 9 - minute 00 P. M.

21. I hereby certify that I attended the deceased from Mar - 20 - 1945 to Mar - 26 - 1945

that I last saw him alive on Mar - 25 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 2 days

Due to Arteriosclerosis

Due to Hypertention

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Yes 107

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 Ray G. Keltner (M. D. or other MD)
Address 2438 Woodson Rd Date signed 3-28-45

Duration
Physician
Underline the cause to which death should be charged statistically.

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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overland 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.