

FILED APR 1 1948

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
2722 Utah
(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")
(d) Street No. 2722 Utah 249
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christiana Bruce

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Huston C. Bruce 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased July 13, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Kautsch
13. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Beck
15. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Bruce
(b) Address 2722 Utah

17. (a) burial (b) Date thereof 4/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons While at work? _____ (Specify type of place)
(b) Address 7027 Gravois (c) Means of injury _____

19. (a) APR 2 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1945, to March 29, 1946
that I last saw h. alive on March 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Duration _____

Due to _____

Due to _____

Other conditions 92
(Include pregnancy within 3 months of death)

PHYSICIAN
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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature Clay Adair (M. D. or other) _____
Address 5912 S. Kingshighway Date signed 4-1-46

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

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Park

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.