

S. No. 2
M-5-43
7. 5-17-39
D I X36671

FILED JAN 17 1947

Registration District No. 318 Primary Registration District No. 1003

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2722 Utah
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Clarence John Bruce

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Loretta Bruce 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December 24, 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1946 hour 11 minute 10 P. A. M.

21. I hereby certify that I attended the deceased from December 31, 1946 to Jan 3, 1946 that I last saw him alive on Jan 3, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44 0 9 hr. min.

Immediate cause of death Bilateral Lobar Pneumonia 3 days Duration

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

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Machinist

Major findings: 108

11. Industry or business

12. Name H. C. Bruce

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

Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Christiana Kautsch

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

16. (a) Informant Loretta Bruce

(b) Address 2722 Utah

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?.....

17. (a) burial (b) Date thereof 1/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cem.

23. Signature Victor P. Koppa (M. D. or other) M.D.
Address 5703 Chippewa Street Date signed 1/4/47

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) JAN 5 1947 (b) J. F. Brucke
(Date received local registrar) (Registrar's signature)

Ex 145-6

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address Solom, Md

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.