

S. No. 300  
V. 10-48

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3352**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3.7** PRIMARY REG. DIST. NO. **6076** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural: Creighton Township</b> )		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>2159</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>JEWISH SANATORIUM</b>		d. STREET ADDRESS (If rural, give location) <b>15 5525 Alaska</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) _____ c. (Last) <b>BRUCE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 14 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 8, 1903</b>
9a. AGE (In years last birthday) <b>47</b>		9b. IF UNDER 1 YEAR Months _____ Days _____	9c. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>Ethel Bruce</b>	

13a. FATHER'S NAME <b>Nels Bruce</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Bruce</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>495-12-4942</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ethel Bruce 4 5525 Alaska</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>3 1/2 years</b>  <b>8 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Breast Tumor</b>		
	DUE TO (c) <b>Quadruple Ulcer</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1671 North 1919 St.** to **January 14, 1951**, that I last saw the deceased alive on **Jan 14, 1951**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Miss Lucretia M.D.</b>	(Degree or title)	23b. ADDRESS <b>Jewish Sanatorium, 700 700 Road, Robertson, Mo.</b>	23c. DATE SIGNED <b>Jan. 14, 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>

DATE REC'D BY LOCAL REG. <b>1/15/51</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Romber M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home, 6322 S. Grand Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 6322 do Grand

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.