

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36216

State File No. _____

NOV 13 1952

318

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9702

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) 26 2013 N. Wharf Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) EVERETT c. (Last) BRUCE			4. DATE OF DEATH (Month) (Day) (Year) OCT. 21, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 16, 1882
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Mill Wright	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME WM. Bruce		13b. MOTHER'S MAIDEN NAME Mathilda Huston	14. NAME OF HUSBAND OR WIFE Elizabeth Bruce (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-12-1343	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grant Bruce 2917 N. Grand Blvd.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adenocarcinoma of rectum</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 154X
22. I hereby certify that I attended the deceased from 10-16-52, 19__, to 10-21-52, 19__, that I last saw the deceased alive on 10-21-52, 19__, and that death occurred at 2:10A m., from the causes and on the date stated above.			
23a. SIGNATURE <i>George M. Workman MD.</i>		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 10-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/24/52	24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
24d. LOCATION (City, town, or county) (State) Festus City MO			
DATE REC'D BY LOCAL REG. OCT 22 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. Carl Smith</i> SUEDEMEYER & SON'S 3934 N. 20th Street	

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

Gustav W. Dickel

Licensed Embalmer No.

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P. O. Address

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.