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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6039**  
Registrar's No. **1180**

FILED FEB 21 1955  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</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>15 N. Grand St. Louis, Mo.</b> )		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>18 days</b>		e. STREET ADDRESS (If rural, give location) <b>2245a Madison Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>(none)</b> c. (Last) <b>BRULEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-6-55</b>
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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>4-21-96</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steamfitter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Philip Bruley</b>	13b. MOTHER'S MAIDEN NAME <b>Annie McDonald</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Bruley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW I 329 16 7066</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP RECORDS, ST. LOUIS, MO.</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Emaciation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post Operative esophago gastrectomy</b> DUE TO (c) <b>Benign stricture esophagus and hiatus hernia</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"/>
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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? <b>5391</b>

22. I hereby certify that I attended the deceased from **1-19-55**, 19\_\_\_\_, to **2-6-55**, 19\_\_\_\_, that ~~causes of the death~~ **death** occurred at **1:08P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas J. O'Swell M.D.</b> (Degree or title) <b>M.D. O</b>	23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	23c. DATE SIGNED <b>2-6-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2-9-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>FEB 8 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith m.d.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stroot-Carroll</b>	ADDRESS <b>4600 Natural Bridge</b>
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*m.j.B.* (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Paul U. Wachter*.....

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.