

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045462

State File No.

11663

Registrar's No.

FILED DEC 22 1958

BIRTH NO. 35040-58

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

| | | | | | |
|---|--|--|--|---|--|
| 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) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis - 12 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 14 JEWISH HOSPITAL | | e. STREET ADDRESS (If rural, give location) 2119 3831 PAGE BLVD. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARK b. (Middle) EDWARD c. (Last) BRUCE | | 4. DATE OF DEATH (Month) (Day) (Year) 11 - 8 - 58 | | 5. SEX 2 MALE | |
| 6. COLOR OR RACE 2 NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | | 8. DATE OF BIRTH 11 - 7 - 58 | |
| 9. AGE (In years last birthday) 1 13 50 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME CONNOR BRUCE JR. | | 13b. MOTHER'S MAIDEN NAME LOUISE BATES | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME LOUISE BRUCE, 3831 PAGE, ST. LOUIS - 13 | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital anomalies of heart and brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) developmental defects, 7545 | | INTERVAL BETWEEN ONSET AND 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) | | 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 11-7, 1958, to 11-8, 1958, that I last saw the deceased alive on 11-8, 1958, and that death occurred at 4:20 P.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Wesley Smiley | | (Degree or title) | | 23b. ADDRESS 4105-a-Easton | |
| 23c. DATE SIGNED 11-9-58 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 11-27-58 | |
| 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. DEC 4 '58 | | REGISTRAR'S SIGNATURE Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE R. Rowland Akers 4404 Manchester | |
| ADDRESS | | (Licensed Embalmer's Statement on Reverse Side) | | | |

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.....

Licensed Embalmer No.....

P. O. Address.....

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.