

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046285

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3587

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAYTON Brentwood Missouri</u>		Length of stay in 1b	c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>209 S Geyer Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lawyer</u> Middle <u>Bruce</u> Last <u>Bruce</u>			4. DATE OF DEATH Month <u>11</u> Day <u>20</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/6/1905</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cemeter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Cairo Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
---	--	---	---

13a. FATHER'S NAME <u>Wister Bruce</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie ?</u>	14. NAME OF HUSBAND OR WIFE <u>Leota Bruce</u> Address <u>Leota Bruce 209 S. Geyer Rd.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 11-6-1963 to 11-20-1963 and last saw ^{her}him alive on 11-20-1963
Death occurred at 8143a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John M. Armer, M.D.</u> (Degree or title)	22b. ADDRESS <u>601 S. Brentwood</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 25, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>
23d. LOCATION (City, town, or county) <u>St. Louis County</u>		(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>E. Krone</u>	ADDRESS <u>1221 N. Grand Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>11-23-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>
---	---------------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1 4002
2 4003
3
4 2
5 1
6
7 1
8 2
94200
10
11
12 45-0
13

722910-010

FILED IN 1888

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 Oliver E. Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand Ave

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.