L 27 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21709

File No. .....
Registered No. 38

1. PLACE OF DEATH
County: St Louis
Township: Central
City: Maplewood (No. 7324 Maple Av. St. ..... Ward)
Registration District No. 786
Primary Registration District No. 4469

2. FULL NAME: Ellen Bruce

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: John Bruce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1845

7. AGE: Years 83 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTY): Scotland

PARENTS
10. NAME OF FATHER: John Hood
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Scotland

14. INFORMANT: Mrs M G Fink
(Address): 7324 Maple Av Maplewood

15. FILED: 6/11 1928 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16th, 1927, to June 9th, 1928, that I last saw her alive on June 9th, 1928, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
[illegible] (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
10 days (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Chemical
(Signed) E. B. Kinder, M. D
June 10th 1928 (Address) 1422 N. Taylor Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: 6-12 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1422 N Taylor

[illegible] 2529

2 - 3. [illegible]