WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 11074

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2099

City St Louis (No. 3646a, Dunnica Ave St. ..... Ward)

2. FULL NAME Mary W. Bruce

(a) Residence, No. 3646a Dunnica St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF James Bruce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 - 1853

7. AGE: YEARS 79 | MONTHS 2 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

FATHER

13. NAME Peter West
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Elizabeth Scott Wilkey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs. Elizabeth Segrave 3646a Dunnica Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefountaine DATE March 3 1933

19. UNDERTAKER (ADDRESS) Biederwieden Funeral Home, Inc 1936 St Louis Ave

20. FILED MAR -2 1933 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to March 1, 1933

I last saw her alive on March 1, 1933. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb 21 33
930	
81	

Other contributory causes of importance:

Genuine Arteriosclerosis	years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Julius Chas Patter, M. D.

(Address) 2603 Cherokee

Hershkowitz