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

Do not use this space.

File No. 24809

Registered No. 6219

1. PLACE OF DEATH

County) Registration District No. 793

Township Primary Registration District No. 705

City St. Louis (No. 3427, Washington St. Ward)

2. FULL NAME Charles Bruce

(a) Residence, No. 4715 Blair St., 9 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? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	73	—	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Koff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Emma Stratgard
(ADDRESS) 4715 Blair Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville Ills DATE July 19, 1933

19. UNDERTAKER Fahnes Funeral Co
(ADDRESS) Nashville Ills

20. FILED JUL 17 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1933, to 7/17, 1933

I last saw him alive on 7/17, 1933. Death is said to have occurred on the date stated above, at 12 45 A m.

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

	Date of onset
Bronch. pneumonia	7/15/33
458	
107A	

Other contributory causes of importance:

Ca. of mouth	?

Name of operation Excision of ca. Date of 7/05/33

What test confirmed diagnosis? Was there an autopsy? Yes

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? No

If so, specify

(Signed) Joseph Tainsky, M. D.

(Address) 3427 Washington

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.

WHITE PAPER, FOR STAMPING INK—THIS IS A PERMANENT RECORD

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