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.

JUL 12 1935

21099

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. ..... Ward)

File No. .....

Registered No. 5014

2. FULL NAME Robert Milton Bruce

(a) Residence, No. 3223 Calvert Ave St., N R Ward. Overland Mo
(Usual place of abode) Overland Mo. (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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 1923

7. AGE: Years 11. Months 6. 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. Schoolboy

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) St Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Daniel M. Bruce

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ruth Cobb.

16. BIRTHPLACE (CITY OR TOWN) Granite City (STATE OR COUNTRY) Illinois

17. INFORMANT Daniel M. Bruce (ADDRESS) 3223 Calvert Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 10 1935

19. UNDERTAKER Geo. W. Clark (ADDRESS) 1125 Hodiamont Ave.

20. FILED JUN — 8 1935 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1935

22. I HEREBY CERTIFY That I attended deceased from May 15, 1935, to June 6, 1935

I last saw him alive on June 6, 1935 Death is said to have occurred on the date stated above, at 10:40 p.m.

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

	Date of onset
Endo-carditis, chronic	all
Myo-carditis, chronic	prior
Peri-carditis, chronic	to
	March 15

Other contributory causes of importance: —

Name of operation ..... Date of ..... —

What test confirmed diagnosis? ..... Was there an autopsy? No

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) [illegible], M. D.

(Address) [illegible]

N. L. McCormack M.D.
[illegible] N. Vaughn (or)

[illegible]

-1- 4-5