

MAILED FEB 17 1941

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

3057
Do not use this space.

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 435
 (b) Township Meramec Primary Registration District No. 5589
 (c) City or High Ridge (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME ROY ANDREW BRUCE
 (a) Residence, No. High Ridge Jefferson Co. Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address write county or city) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Marie Kunz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1898

7. AGE YEARS 42 MONTHS 4 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

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

10. Date deceased last worked at this occupation (month and year) Jan 10 - 1941 11. Total time (years) spent in this occupation. 2 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

13. NAME Herston Bruce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo Co Mo

15. MAIDEN NAME Christina Ransch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

17. INFORMANT E. J. Bruce
(ADDRESS) 7429 Bileta St. 9

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Cem. St Louis DATE Jan 4

19. FUNERAL DIRECTOR (NAME) Wm. Maydell
(ADDRESS) Mississippi Valley Ave. St Louis

20. FILED 17 Jan 1941 19 James A. Tompkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1941

22. I HEREBY CERTIFY That I attended deceased from Coroners Report, 1941 to 1941, 1941.
 I last saw h. _____ alive on _____, 1941. Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of cervical vertebra
 Date of onset 1/17/41

Other contributory causes of importance: 1st W. V.

Name of operation _____ Date of _____
 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? accident Date of injury 1/17, 1941
 Where did injury occur? at his home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury Fell down stairs
 Nature of injury Fracture cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify: _____
 (Signed) Stallard & Smith D.D. M. D.
 (Address) Desoto, Mo.

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.

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SS 489-07-8281000

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bernard C. Duncan

Licensed Embalmer No. 2274

P. O. Address 1926 Allen

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 this body is not embalmed, above space should be left blank.