

S. No. 1-441-5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19088

Registration District No. 84

Primary Registration District No. 115

Registrar's No. 1127

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7258 Maryland Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7258 Maryland Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alexander G. Bruce

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-5366

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Olivia Bruce 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 20 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 6 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clothing Salesman

11. Industry or business _____

12. Name John Bruce

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Hood

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olivia Bruce

(b) Address 7258 Maryland Terrace

17. (a) Burial (b) Date thereof 5-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.

19. (a) MAY 27 1941 (b) R. W. Taylor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th. year 1941 hour 5 minute 20 a. M.

21. I hereby certify that I attended the deceased from 5-25-1941 to 5-26-1941
that I last saw him alive on 5-25-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Memorized into cerebrum Duration 1 day
Due to pneumonia, hypostasis, terminal I.M.D. 1 day

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 8321
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. Taylor (M. D. or other) _____
Address 462 N. Taylor Date signed 5-28-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
3
5

96
5

C

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1946

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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, fact should be so stated above.