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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11938**

FILED MAY 3 1943

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3792**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**
(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)

3. (a) PRINT FULL NAME **Benjamin Bruce**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced, **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased. ? (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 80 hr. min.

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

10. Usual occupation **Retired linen salesman**

11. Industry or business **Famous-Barr D. C. Co.**

MOTHER FATHER

12. Name ?

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

14. Maiden name

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

16. (a) Informant **A. R. McPherson**

(b) Address **1335 Whittier Ave., Springfield,**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **4/25/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Ill.**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **APR 23 1943 J. F. Budack** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 919**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")

(d) Street No. **3740 Westminster Place** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**, year **1943** hour **7:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 22**, 1943, to **April 23**, 1943 that I last saw him alive on **April 23**, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Anger of bowel**

Due to **measles of bowel**

Due to **pernia**

Other conditions **1/2** (Include pregnancy within months of death)

Major findings: **Gas in bowel**

Of operations **measles of bowel**

Of autopsy **Hydrocephalus & benign prostatic hypertrophy**

PHYSICIAN **_____** Underline the cause to which death should be charged statistically.

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) (a) Means of injury **3**

23. Signature **Eugene W. Wigg** (M. D. or other) **4/23/43**

Address **1515 Lafayette Ave.** Date signed

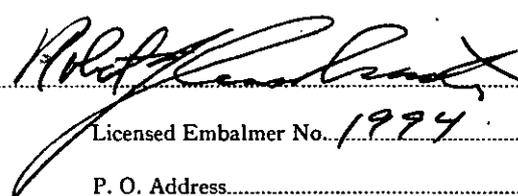
(Licensed Embalmer's Statement on Reverse Side)

11 847

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.....



Licensed Embalmer No. 1994

P. O. Address.....

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.