

FILED DEC 12 1945
Registration District No. 310

Primary Registration District No. 205F

Registrar's No. 178

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1110 South Main Street /
(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 Missouri (b) County St. Charles
(c) City or town 1101 South Main Street
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Mae Marie Bruce

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Bruce 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 2nd 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Lawrenceville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Dunlap
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant David Bruce

(b) Address 1101 South Main St. Charles Mo.

17. (a) Burial (b) Date thereof 11-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Wickham / Bone

(b) Address St. Charles Mo.

19. (a) Nov. 15, 1945 (b) Emmet S. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 15th
year 1945 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 20, 1943, to Nov - 15, 1945
that I last saw him alive on Nov - 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 yrs

Due to _____

Due to _____

Other conditions Menopause
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy 932

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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)
Means of injury 0

23. Signature Emmet S. Paul (M. D. or other) _____
Address 200 N. Main St. St. Charles Mo. Date signed 11/15/45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 12-11-45

DEC 19 1945

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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 Arthur C. Bane

Licensed Embalmer No. 3151

P. O. Address St Charles Mo

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.