

No. 2
5-43
5-17-39
IX 36671

FILED DEC 24 1946
Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County 1
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2122 Sidney St. /
(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 021
(c) City or town ST. LOUIS 2311
(If outside city or town limits, write "RURAL")
(d) Street No. 2122 Sidney St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lena Bruce

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

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

6. (b) Name of husband or wife Robert R. Bruce 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 19, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS 7220-1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER

12. Name Henry Kaiser

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Robert R. Bruce

(b) Address 2122 Sidney St.
17. (a) Burial, cremation, or removal burial (b) Date thereof 11-21-46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Pl.

18. (a) Signature of funeral director Wm. Bro. La. Ma
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 20 1946 J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 17
year 1946 hour 7 minute 40 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) PH

Major findings: Of operations _____

Of autopsy _____

Duration

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) (c) Means of injury _____

23. Signature Dr. Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 11-20-46

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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 *D. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

Jan 9 1947

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Lena Bruce

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rahet

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased June 19

(Month) (Day) (Year)

8. AGE:

Years 71

Months 4

Days _____

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

J. F. Br...
Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____

year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature _____

(M. D. or other) _____

Address _____

Date signed _____

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

SUPPLEMENTARY 17

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