No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35067

Registrar's No. 9200

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Baldwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Weeks (Specify whether
In this community: 14 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois
(c) City or town: Flat River,
(If outside city or town limits, write "RURAL")
(d) Street No.: 107 Keith Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Andrew Bruce
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 29 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	19	hr. min.

9. Birthplace: unknowen (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Minner
11. Industry or business: Lead Mines

MOTHER FATHER
12. Name: Andrew Bruce
13. Birthplace: unknowen (City, town, or county) (State or foreign country)
14. Maiden name: Erma Bruce
15. Birthplace: unknowen (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Bruce
(b) Address: Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Farmington
18. (a) Signature of funeral director: C. Z. Boyer & Son
(b) Address: Desloge, Mo.
19. (a) 9-23-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 16
year: 1948 hour: 3 minute: a. M.
21. I hereby certify that I attended the deceased from Sept 6, 1948, to Sept 16, 1948; that I last saw him alive on Sept 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of oesophagus and intestines	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury: 0

23. Signature: A. T. Martin (M. D. or other)
Address: 3507 Potomac Date signed: 9-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 L. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.