

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MO				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 3172 <sup>a</sup> California				d. STREET ADDRESS (If rural, give location) 3172 <sup>a</sup> California Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) M.		c. (Last) Bruce		4. DATE OF DEATH (Month) (Day) (Year) Apr. 19-1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Sept. 13-1868		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Days 7	11. UNDER 2 HRS. Hours 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Geo. AUBEN			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James R.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONARD BRUCE - 4317 NORFOLK				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				ANTECEDENT CAUSES Myocardial degeneration				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Progressive skull fever								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June, 1947, to Apr. 19, 1949, that I last saw the deceased alive on Apr. 19, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C.P. Coats M.D.				23b. ADDRESS 1-4356 Manchester		23c. DATE SIGNED 4-20-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-49	24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. L. County, Mo			
DATE REC'D BY LOCAL REG. APR 20 1949		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE Allen W McPheelin		ADDRESS 3301 Lafayette		

Mr. C. L. Scott  
4356<sup>a</sup> Manchester

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3880

P. O. Address 2301 Lafayette

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.