

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4098

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2612 Belle Glade</i>		d. STREET ADDRESS (If rural, give location) <i>2612 Belle Glade</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Horace</i> b. (Middle) c. (Last) <i>Bruce</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 3rd 49</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-8-1908</i>
9. AGE (In years last birthday) <i>41</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Exterminator</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Horace Bruce, Sr.</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Green</i>		14. NAME OF HUSBAND OR WIFE <i>Wilma</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>1919</i>		16. SOCIAL SECURITY NO. <i>90-22-0917</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Wilma Bruce</i>		ADDRESS <i>2612 Belle Glade</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute pulmonary congestion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>left heart failure</i>	
ANTECEDENT CAUSES		DUE TO (c) <i>Cardiac enlargement</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.			
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)	<i>900</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <i>3-22-1949</i> , to <i>May 2, 1949</i> , that I last saw the deceased alive on <i>5-2-1949</i> , and that death occurred at <i>4 a. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John F. Brunson</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>4242 Easton Ave</i>	23c. DATE SIGNED <i>5-4-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/9/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 6 1949</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. J. Nash</i>		ADDRESS <i>3847 Page</i>

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

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.

Signed.....
M. Francis Quast

Signed.....
Student Embalmer

Licensed Embalmer No. *4434*

P. O. Address *3847 Sage Blv*

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.