

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40018

State File No. ....

FILED DEC 2 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. ....

10460

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>28 yrs.</b>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>910 Iron Street</b>		d. STREET ADDRESS (If rural, give location) <b>910 Iron Street</b>	
3. NAME OF DECEASED a. (First) <b>Lauvenia</b> (Type or Print)		b. (Middle) <b>Bruce</b> c. (Last)	
4. DATE OF DEATH <b>November 11, 52</b> (Month) (Day) (Year)		5. SEX <b>Female</b> 6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 3, 1910</b>	
9. AGE (In years last birthday) <b>42</b>		10. IF UNDER 1 YEAR Months <b>8</b> IF UNDER 12 HRS. Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	
11. BIRTHPLACE (State or foreign country) <b>Brookhaven, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Willard Jacob</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Markham</b>	
14. NAME OF HUSBAND OR WIFE <b>James Bruce</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No --</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Bruce</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <b>910 Iron Street</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Puerera</b>  ANTECEDENT CAUSES Morbidity 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.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>157X</b>		22. I hereby certify that I attended the deceased from <b>July 15, 1952</b> , to <b>Nov. 11, 1952</b> , that I last saw the deceased alive on <b>11-9-1952</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>John F. Brunson M.D.</b>		23b. ADDRESS <b>4242 Easton Ave</b>	
23c. DATE SIGNED <b>11-11-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>11/15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	
DATE REC'D BY LOCAL REG. <b>NOV 13 1952</b>		ADDRESS <b>4107 Finney Ave.</b>	

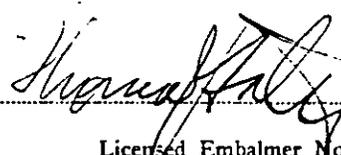
**STATEMENT BY LICENSED EMBALMER**

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. 4259

P. O. Address 4107 Finney Avenue

**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.