

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7398**

1987

FILED MAR 11 1953

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--		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		223
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			d. STREET ADDRESS (If rural, give location) 2446 So. 3rd St.		
3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) HARRY	c. (Last) BRUTON	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 19, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1899	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Steven D. Bruton		13b. MOTHER'S MAIDEN NAME Minnie Mae Watts		14. NAME OF HUSBAND OR WIFE Leora	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, by unknown) No	16. SOCIAL SECURITY NO. 488-18-8573	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leora Bruton, 2446 So. 3rd St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tracheal Obstruction ANTECEDENT CAUSES DUE TO (b) Arterio aneurysm DUE TO (c) Syphilis 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 022X			
22. I hereby certify that I attended the deceased from 2-17-53 , 19___, to 2-19-53 , 19___, that I last saw the deceased alive on 2-19-53 , 19___, and that death occurred at 10:15A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John H. Wallace, M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-21-53	24c. NAME OF CEMETERY OR CREMATORY Bethany	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. FEB 20 1953	REGISTRAR'S SIGNATURE Harry Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed _____

Frederick J. Farmer

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, 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.