

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 2 - 1953

State File No. 34503

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2271

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Glendale,</b>	
c. LENGTH OF STAY (In this place) <b>10 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1219 Carol Ann Place, 22,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>A.</b>	c. (Last) <b>BRUCE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 18th, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 21st, 1895</b>	9. AGE (In years) (last birthday) Months Days Hours Min. <b>57</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice Pres. &amp; Genl. Mgr.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Capitol Town DISTRY Mutual Ins. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ridgeway, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Alexander D. Bruce</b>	13b. MOTHER'S MAIDEN NAME <b>Gola Speck</b>	14. NAME OF HUSBAND OR WIFE <b>Irene E. Bruce nee Schuchman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War # I</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene E. Bruce, 1219 Carol Ann Place, 22,</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES <b>Micenteric thrombosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>carcinoma of rectum</b> 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. <b>154X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:00 Noon** from the causes and on the date stated above.

22a. SIGNATURE <b>Henry J. Marzetti M.D.</b>	(Degree or title)	22b. ADDRESS <b>607 - n Grand</b>	22c. DATE SIGNED <b>Aug 20 53</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/21/53</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Leurel Hill Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-21-53</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Dancho - M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN E. FEUTZ, 4828 Natural Bridge Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1953

FILE IN ST. LOUIS COUNTY.

~~RECEIVED BY THE BOARD OF HEALTH  
HOURS 1:00 P.M. TO 5:00 P.M.  
W. Wood~~

**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 Ray C. Linders

Licensed Embalmer No. 4275

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.