

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015599

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No.

318 Primary Registration District No. 1003

Registrar's No. 4364

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>ST. LOUIS</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. CITY HOSPITAL</i> | | Length of stay in 1b <i>40 YRS</i> | d. STREET ADDRESS (If outside, give location) <i>269 3928 N. 20th ST.</i> |
| 3. NAME OF DECEASED (Type or print) First <i>WILLIAM</i> Middle <i>R.</i> Last <i>BRUCE</i> | | 4. DATE OF DEATH Month <i>APR.</i> Day <i>19.</i> Year <i>1958</i> | |
| 5. SEX <i>M. O</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>OCT. 30. 1880</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED REALTOR</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>REAL ESTATE</i> | 11. BIRTHPLACE (City and state or country) <i>MARSHALL, ILLINOIS</i> |
| 13a. FATHER'S NAME <i>W^M R. BRUCE</i> | | 13b. MOTHER'S MAIDEN NAME <i>MATHILDA HOUSTON</i> | 14. NAME OF HUSBAND OR WIFE <i>ANGUSTA BRUCE</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | | 16. SOCIAL SECURITY NO. <i>NONE</i> | 17. INFORMANT <i>ANGUSTA BRUCE</i> Address <i>3928 N. 20th ST</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetic Coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>260X</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Joseph M. Quinn</i> | | 22b. ADDRESS <i>1200 Clark</i> | 22c. DATE SIGNED <i>4/24/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>APR. 22. 1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>FRIEDENS CEM.</i> | 23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i> |
| 24. FUNERAL DIRECTOR <i>Quedmeyer & Sons</i> | | ADDRESS <i>3934 N. 20th ST</i> | 25. DATE RECD. BY LOCAL REG. <i>APR 22 '58</i> |
| 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> <i>mjb</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Gustav W. Dieterle*

Licensed Embalmer No. *4329*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.