

HEALTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047181

FILED 15 JAN 9 1961

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u>	Length of stay in 1b <u>10 YRS</u>	c. CITY OR TOWN <u>ST. CHARLES</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>714 CLAY STR</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>714 CLAY STR</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>DANIEL MURRAY BRUCE</u>			4. DATE OF DEATH Month Day Year <u>DEC 23 1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-95</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SECURITY OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIRCRAFT MFG</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES D. BRUCE</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE MURRAY</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH D. COBB BRUCE</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W.I.</u>	16. SOCIAL SECURITY NO. <u>487-20-6374</u>	17. INFORMANT Address <u>RUTH D. BRUCE ST. CHARLES, MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>10 years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		

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 <u>Feb 25, 1959</u> to <u>Dec 23, 1960</u> and last saw ^{her} him alive on <u>Dec 6, 1960</u> Death occurred at <u>1:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>E. J. Canty</u> (Degree or title)	22b. ADDRESS <u>St. Charles, Mo</u>	22c. DATE SIGNED <u>Dec. 24, 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-27-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>JEFF. BARRACKS NATL. CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS 25 MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>C. L. PRINSTER, ST. CHARLES, MO</u>	25. DATE RECD. BY LOCAL REG. <u>12/26/60</u>	26. REGISTRAR'S SIGNATURE <u>Maicella Wilson</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 46

P. O. Address Wentz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.