

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2693 STATE FILE NUMBER

**FILED MAR 30 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
Length of stay in 1b		c. CITY OR TOWN <u>East St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JACK BRUCE</u>			4. DATE OF DEATH Month Day Year <u>March 18, 1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>9/6/1907</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Toberman Feed Co. Cairo, Illinois</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>WHISKER BRUCE</u>	13b. MOTHER'S MAIDEN NAME <u>MOLLIE (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>RACHAEL BRUCE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Rachael Bruce</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
IMMEDIATE CAUSE (a)	<u>Cerebrovascular Accident</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Malnutrition and Dehydration</u>	
DUE TO (b)	<u>331 X</u>	
DUE TO (c)		

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.)
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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 <u>St. Louis, Mo.</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 1/61 to 3/18/61 and last saw her alive on 3/18/61  
Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charl H. Jones, M.D.</u>	(Degree or title)	22b. ADDRESS <u>401 6th E. St. Louis, Ill.</u>	22c. DATE SIGNED <u>3/20/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/26/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington Centreville Township, Ill.</u>	23d. LOCATION (City, town, or county) <u>Centreville, Ill.</u>
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24. FUNERAL DIRECTOR <u>Marion O. ...</u>	ADDRESS <u>2114 Missouri Ave. East St. Louis, Ill.</u>	25. DATE REGD. BY LOCAL REG. <u>MAR 21 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Frank Prokopff

Licensed Embalmer No. 4356

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.