

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33715
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **8701**
(c) City **ST. LOUIS MO** (d) Street No. **En route to City Hospital #2** St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **4** yrs. **5** mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3534 COZENS** St. **11** (Usual place of abode, if street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **COLORED** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JETTA RUSSELL**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-4-1913**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **W.P.A.**
9. Industry or business in which work was done, as saw mill, bank, etc. **LABORER**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TRENTON TENN**

FATHER 13. NAME **SIDNEY RUSSELL**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TRENTON TENN**

MOTHER 15. MAIDEN NAME **JULIA BLAKEMORE**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **TRENTON TENN**

17. INFORMANT (ADDRESS) **Jetta Russell 3534 Cozens**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Trenton Tenn** DATE **10-8 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Love Undertaking Co 3103 Washington Ave**

20. FILE **OCT 5 1938** **W. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 4th 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **4:45 P.M.**

The principal cause of death and related causes of importance were as follows:
Comminuted Fracture of the Skull and laceration of the brain, when he jumped from a moving truck, driven by one Ross Malcolm, and fell under the wheel, about 3652 S. Jefferson Ave. October 4, 1938, about 4:45 o'clock P.M. Accident.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **10-4, 1938**
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **public place**
Manner of injury **see above**
Nature of injury **'' ''**

24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify.....
(Signed) **Alfred J. Perry**
(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____; Registered Apprentice No. _____
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.)