

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

**37323**  
Do not use this space.

REC'D DEC 12 1938

**1. PLACE OF DEATH**

(a) County ..... | Registration District No. **791**  
 (b) Township ..... | Primary Registration District No. **1008**  
 (c) City **St. Louis.** (d) Street No. **Missouri Bapt. Hospital** Registered No. **9650**  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **BESSIE LADD RUSSELL.**

(a) Residence, No. **5736 Clemens,** St. **5** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Whitfield Russell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 19th 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	73	10	16	

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

12. BIRTHPLACE (CITY OR TOWN) **Quincy,**  
 (STATE OR COUNTRY) **Ill.**

13. NAME **Chauncey Ladd.**

14. BIRTHPLACE (CITY OR TOWN) **Warsaw,**  
 (STATE OR COUNTRY) **New York**

15. MAIDEN NAME **Susan Mayo**

16. BIRTHPLACE (CITY OR TOWN) **Cincinnati,**  
 (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Charles L Russell**  
 (ADDRESS) **5736 Clemens,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Mausoleum** DATE **Nov. 7th** 19 **38**

19. FUNERAL DIRECTOR (NAME) **C.R. Lupton & Sons.**  
 (ADDRESS) **7233 Delmar, Blvd.**

20. **NOV 7 1938** 19 **38**  
**J. J. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 5 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 15**, 19 **38**, to **Nov 5**, 19 **38**  
 I last saw h. **rel.** alive on **Nov 4**, 19 **38** Death is said to have occurred on the date stated above, at **8:30** Am.  
 The principal cause of death and related causes of importance were as follows:

**Ch. Myocarditis**  
**Arteriosclerosis**  
**Interstital Nephritis**  
 Date of onset **1937?**  
 ?  
**1938**

Other contributory causes of importance:  
 Name of operation **None** Date of .....  
 What test confirmed diagnosis? **None** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** Date of injury ..... 19 .....  
 Where did injury occur? **None**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury **None**  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify **None**  
 (Signed) **Max Strohloff** M. D.  
 (Address) **512 Owen Place.**

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.

Enslaid + many family  
Elsie  
Add

4932

1919 Mrs. Stenck  
7537 Park Hall

Part 2873

Primo  
28 - Wigham  
Westward

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, .....

Bradford A Miles

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

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 this body is not embalmed, above space should be left blank.