

APR 12 1939

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

791
1003

8883
Do not use this space.

2648

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 1029 South 13th Street 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 10 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Harriet Russell

(a) Residence, No. 1029 South 13th Street St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Joseph Russell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11, 1876</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>1</u>
		<u>5</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brunot
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Ellis

FATHER 14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Davis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Sanford Russell
(ADDRESS) 1029 South 13th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Arc, Mo. DATE 3/18/39, 19...

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED 19... J. S. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 16, 1939
I last saw her alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 6:45 PM.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation
Myocarditis
Date of case 1939

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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?
(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
(Signed) L. P. Fisher, M. D.
(Address) 2840 California

MAR 21 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. D. Cooper

Licensed Embalmer No. 3633

P. O. Address 237 Lafayette St.

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.