DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23778

REC'D AUG 11 1939

Registration District No. 791 Primary Registration District No. Registrar's No. 6051

1. PLACE OF DEATH:
(a) County 1003
(b) City or town of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town SE. St. Louis NR
(If outside city or town limits, write "RURAL")
(d) Street No. 547 N. 31st. St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eliza Russell 240
3. (b) If veteran, name war
3. (c) Social Security No. 488-01-4991
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 1, 1875 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Check Room Clerk
11. Industry or business Famous Barr
FATHER
12. Name Napoleon Vaughn
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myram Janes
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Sue Braden
(b) Address 1736 Lafayette Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/11/39 (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado, Ill
18. (a) Signature of funeral director W. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JUL 10 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9 year 1039 hour 6 minute 05 A. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Septicemia
following injection of
Spinal Lift Fomin
Due to for Sciatica suffered
Due to as a result of
sleeping on mistaping
Other conditions
(Include pregnancy within 3 months of death)
in lobby of Famous
Major findings:
Of operations Both about 60 P.
June 26-1939
Of autopsy
Accident

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 6/26/39
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Freeman (M. D. or other)
Address Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

USE STANDARD BLACK INK—MAKE A PERMANENT RECORD

X16511

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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.