DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34488

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 9026

1. PLACE OF DEATH:
(a) County
(b) City ~~or town~~ Stlouis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5419 Murdock (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 1 —
(c) City or town Stlouis (If outside city or town limits, write "RURAL") 14
(d) Street No. 5419 Murdock (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Annie B. Russell 240
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband ~~or wife~~ Wm J. Russell 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 8 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	15	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
FATHER 12. Name Frederick Niehaus 6
13. Birthplace Germany (City, town, or county) (State or foreign country) 6
MOTHER 14. Maiden name Amelia Wethausen
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs W. J. Hoagland
(b) Address 5419 Murdock
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Fred M Williams
(b) Address 4035 Washington
19. (a) OCT 24 1939 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd year 1939 hour to minute 6 A M.
21. I hereby certify that I attended the deceased from Jan 1 - 1939, 19, to October 23rd, 1939; that I last saw her alive on October 22, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal broncho-pneumonia Insertion, Cardiac dilatation	2 days
Due to: Chronic myocarditis, Senile Dementia	
Due to general arteriosclerosis, chronic kidney - sclerosis, 2nd anemia	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lawrence A. Mendonsa (M. D. ~~or other~~)
Address 634 No. Grand Blvd Date signed 10-23-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.