

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41450

Registration District No. 201

Primary Registration District No. _____

Registrar's No. 10573

1. PLACE OF DEATH: 1003

- (a) County St. Louis
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
1215 Amherst Place
(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

8. (a) PRINT FULL NAME William S. Russell

8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriett Russell
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 31, 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Elmont, Ontario, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Printer, Post Dispatch

11. Industry or business Retired Feb, 1938

- MOTHER FATHER { 12. Name William Russell
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Wilson
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Harriett Russell

(b) Address 1215 Amherst Place

17. (a) Burial (b) Date thereof 12/11/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Seward Funeral Home

(b) Address 1137 E. Milton Avenue

19. (a) DEC 11 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 1215 Amherst Place
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8, 1939
year 3 hour 45 minute 1 M.

21. I hereby certify that I attended the deceased from Dec 8 39
to Dec 9 1939
that I last saw him alive on Dec 9 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day
General

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations 0

Of autopsy 0

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? _____
- While at work? _____ (Specify type of place)
- (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 883 Washington St. Date signed 12/9/39

Probs. free job

12:50 P.M.

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 *J.S. Sullivan*

Licensed Embalmer No. *1122*

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.