

FILED APR 13 1942 91

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Firmin Desloge Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4032 Blaine (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Russell, Elizabeth  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

20. DATE OF DEATH: Month March day nineteenth  
year 1942 hour eleven minute 45 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Russell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 2, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 21, 1942 to March 19, 1942  
that I last saw her alive on March 19, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 17 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Intestinal neoplasm, type undetermined  
Due to Malignant  
Due to \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions Atherosclerosis, generalized  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name George Russell  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: None performed  
Of operations \_\_\_\_\_  
Of autopsy None permitted

16. (a) Informant Mrs. Frank Barnicle  
(b) Address 4023 Blaine Ave.  
17. (a) Burial (b) Date thereof 3/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Zion Lutheran Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) MAR 20 1942 (b) J. J. Brudack  
(Date received local register) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature G. P. Brown (M. D. or other) M.D.  
Address 1375 So. Grand Blvd. Date signed 3/20/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Flora Eynak*

Licensed Embalmer No. 1284

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, fact should be so stated above.**