V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13021

Registrar's No. 3642

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: ALEXAN BROS 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:

(a) State Missouri (b) County 006

(c) City or town St. Louis, 15 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5106 Wicklow Ave., 9
(If rural, give location)

(e) Citizen of foreign country? NO: (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLARD RUSSELL

3. (b) If veteran, name war

3. (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 JULIA SCHLINKMAIN

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased FEB (Month) 5 (Day) 1861 (Year)

8. AGE: Years 87 Months 2 Days 18 If less than one day hr. min.

9. Birthplace OHIO (City, town, or county) (State or foreign country)

10. Usual occupation PRINTER (RETIRED)

11. Industry or business

FATHER
12. Name JOHN RUSSELL
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY INGROHAM
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Russell
(b) Address 5106 Wicklow Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director L. Muller Und Co
(b) Address 5165 Delmar Bl.

19. (a) APR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 27th, 1942 to death, 19 that I last saw him alive on April 22nd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral Hemorrhage Right side

Due to — 3 days

Due to Arteriosclerosis and

Other conditions Fractured right leg. 1 mo.
(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) accident -Fall

(b) Date of occurrence March 27th, 1942. 000

(c) Where did injury occur? 5106 Wicklow Ave., City (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At residence. (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr W. H. Walters, M.D. (M. D. ~~or other~~)

Address 3608 South Grand Blvd. Date signed 4/23/42

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1942

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. H G Farris

Licensed Embalmer No. 3384

P. O. Address. St Louis

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.