No. 2
1-4-41
5-17-39
X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32379

FILED OCT 28 1942

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8711

1. PLACE OF DEATH:
(a) County ST Louis MO
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hours (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST Louis 2 1/2 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 Cole ST
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur Russell
3. (b) If veteran, name war NO
3. (c) Social Security No. 498-10-7864
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Luida Russell
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 31 (Day) 1904 (Year)
8. AGE: Years 38 | Months 3 | Days 15 | If less than one day ___ hr. ___ min.
9. Birthplace Lexington (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business Porter
FATHER
12. Name Arthur Charles Russell
13. Birthplace Lexington (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Beatrice Jacks
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Luida Russell
(b) Address 2629 Cole ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.
19. (a) OCT 21 1942 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16th year 1942 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from Oct. 14 1942 to Oct 16th 1942 that I last saw him alive on Oct 16th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	6 hrs.
Due to: Bronchial Asthma	3 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No Operations	
Or autopsy: None	

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 A. E. Hale (M.D. or other)
Address 822 N. Jefferson Date signed 10/19/42

844 (Licensed Embalmer's Statement on Reverse Side)

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~~ L Boy

....., Registered Apprentice No. My

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.