

JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4683

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Childrens 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 Mississippi
(c) City or town East Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen Price Russe

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, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 30, 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 6 18 hr. _____ min.

9. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Harlen H. Russell

13. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Floydell Price

15. Birthplace East Prairie Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harlen H. Russell

(b) Address East Prairie, Missouri

17. (a) Burial (b) Date thereof 5/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700m Washington Blvd.,

19. (a) MAY 10 1943 J. J. Brediek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 87 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-2-43
to 5-18 1943;

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic pyelonephritis bilateral
Uremia; Cardiac decompensation

Due to Renal calculi

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 J. J. Barnett (M. D. or other) _____

Address _____ Date signed _____

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

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..... *Nancy M. Brammer*.....
Licensed Embalmer No..... *4200*.....
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, fact should be so stated above.