

FILED NOV 1 1943 **318**

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(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: 3969 Gratiot 1
(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 30 yrs

3. (a) PRINT FULL NAME James Russell

3. (b) If veteran, name was nil

3. (c) Social Security No. 493-10-2043

4. Sex male 5. Color White Race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Russell

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased February 20 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 2 If less than one day hr. _____ min.

9. Birthplace Green 1
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator operator

11. Industry or business Swift Co

12. Name James Russell

13. Birthplace Green 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Fannie Russell

(b) Address 3969 Gratiot

17. (a) Burial (b) Date thereof Oct 25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ray Miller

(b) Address 5041 Delmar

19. (a) OCT 23 1943 (b) J. F. Meeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 18

(a) State Mo (b) County _____

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

(d) Street No. 3969 Gratiot
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1943 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 10-15, 1943 to 10-22, 1943
that I last saw him alive on 10-21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia & hemorrhage

Due to Carcinoma lip

Due to _____

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

Major findings: HIS

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)

By means of injury 0

23. Signature Stanford Phillips (M. D. or other) _____
Address 117 W. Union Date signed 10-22-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

William J. Hiss

Licensed Embalmer No.....

4319

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.