

FILED DEC 9 1943 18

1005

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10391

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:
St. John 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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5583 Bartmer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John J. Russell.

3. (b) If veteran, name war No 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 Florence Russell 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov. 14, 1887.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Grocery Clerk

11. Industry or business _____

MOTHER FATHER

12. Name ? RUSSELL

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

14. Maiden name Cazena Strodt

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

16. (a) Informant Mrs. Florence Russell

(b) Address 5583 Bartmer Ave.

17. (a) Burial (b) Date thereof Nov. 29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodgson Ave.

19. (a) Nov 27 1943 (b) J. F. Bruseck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1943 hour 10.45 minute A.M. M.

21. I hereby certify that I attended the deceased from 11/25/43
to 11/26/43, 19____; that I last saw him alive on 11/26/43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
2 yrs (7)
Due to _____
Due to _____
Other conditions Plural Effusion
(Include pregnancy within 3 months of death)

Duration

3

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) _____
(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) (2) Means of injury _____

23. Signature J. F. Bruseck (M. D. or other) MD
Address St. Louis - Bldg. Date signed 11/26/43

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

Dr. O.P.J. Falk
3604 Washington Blvd.,
J.E. 1800

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.....

Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiamont Ave.,

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.