

S. No. 2
M-2-43
5-17-39
1 x3697

NOV 18 1943

1003

Primary Registration District No.

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:
St Marys Infirmary
(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)

3. (a) PRINT FULL NAME Lena Triplett Russell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 7th 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation maid

11. Industry or business Hotel

12. Name Robert Thomas

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

14. Maiden name Alice Smith

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

16. (a) Informant Alice Smith

(b) Address 904 North 33rd St

17. (a) Burial (b) Date thereof 11-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle
(b) Address 3133 Bell Ave

19. (a) NOV 7 1943 (b) J. J. Russell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 3218 1/2 Franklin Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, 1943
year 1943 hour 1:45PM minute _____ M.

21. I hereby certify that I attended the deceased from October 9, 1943, to November 3, 1943
that I last saw her alive on Nov. 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiovascular disease Duration _____

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

Major findings of autopsy: Polycystic kidneys, Cystitis, dilatation rt. side of heart & abscesses of lungs
No kidney stones - Catamenial Cystitis (historically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) abscess upon tubercular
(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 Archie D. Johnson (M. D. or other)
Address 3108 1/2 Lucas ave. Date signed 11/5/43

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 *J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.