

FILED NOV 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township) ST. LOUIS
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHRISTOPHER RUSSO

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

4. Sex Male / Color or race white
5. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased April 20 1904 (Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Carini Italy 5 (City, town, or county) (State or foreign country)

10. Usual occupation stock clerk

11. Industry or business

MOTHER FATHER { 12. Name Rosalino Russo
13. Birthplace Carini Italy 5 (City, town, or county) (State or foreign country)
14. Maiden name vita candela
15. Birthplace Carini Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Russo
(b) Address 2318 1/2 Sullivan
17. (a) Burial (b) Date thereof Nov. 13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-son
(b) Address 1150 N. Kingshighway

19. (a) NOV 13 1943 (b) J. F. Bradley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County -
(c) City or town ST. LOUIS 93 (If outside city or town limits, write "RURAL")
(d) Street No. 2318 1/2 SULLIVAN (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9 year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from NOV. 7 1943 to NOV. 9 1943; that I last saw him alive on NOV. 9 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure Duration

Due to acute stenosis + insufficiency and mitral insufficiency
Due to Rheumatic heart disease

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature J. R. Bradley (M. D. or other) Address BARNES HOSPITAL Date signed 11/13/43

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 Ronald W. Schoene

Licensed Embalmer No. 3864

P. O. Address: St. Louis, Mo.

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.