

FILED AUG 21 1944

Registration District No. 318

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:
Home for the Aged, 53400 So. Grand.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years.
(Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17 1/2

(d) Street No. 3400 So. Grand Ave.,
(If rural, give location) 7 1/2

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James H. Russell,

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, Widowed

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

7. Birth date of deceased August 25 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1944 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Aug 14 1944 to Aug 14 1944
that I last saw him alive on Aug 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>19</u>	hr. min.

Duration

Chronic myocarditis & his

Due to arteriosclerosis 27 yrs

Other conditions none

Major findings: Of operations none

Of autopsy none

9. Birthplace Ireland, 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 8 yrs.

11. Industry or business Produce Business.

12. Name Robert Russell,

13. Birthplace Ireland, 4
(City, town, or county) (State or foreign country)

14. Maiden name Jane McComb,

15. Birthplace Ireland, 4
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. Russell,
(b) Address 4 Beverly Place.

17. (a) Burial, (b) Date thereof 8/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Vallhalla Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) AUG 15 1944 (b) J. F. Bredich
(Date official registrar) (Registrar's signature)

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) no

(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?

(Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. A. ... (M. D. or other) Wes
Address 3318 8th and Date signed 8-15-44

1971 FEB 20 11:19

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 *Howard F. Rowland*.....

Licensed Embalmer No. *3114*.....

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.