

FILED OCT 20 1944

318

Primary Registration District No.

1003

Registrar's No. 8567

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:  
Enroute City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME K. KAETON RUSS

3. (b) If veteran, name war none

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 Adele RUSS

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Mathew RUSS

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

14. Maiden name Unknown Oelbrue

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

16. (a) Informant Mrs. Adele RUSS

(b) Address 5211 a Pennsylvania ave/

17. (a) Burial (b) Date thereof Oct. 10, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem. C. Hoffmeister U. & L. Co.

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 7814 S. Broadway

19. (a) OCT 9 1944 J. F. Brudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5211 a Pennsylvania ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7  
 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above

Immediate cause of death Fracture Skull (2) Subdural

hemorrhage of brain when he was struck by a shingle operated by one John Keppler about 50 feet south of Euclid large on Broadway

Due to about 6. 20 P.M. Oct. 7/1944

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) Accident

(b) Date of occurrence Oct 7 1944

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (Specify type of place) Street Car  
 (e) Means of injury \_\_\_\_\_

23. Signature James P. Patton (M. D. or other) \_\_\_\_\_  
 Address 1300 E. Park Date signed 10/9/44

**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.....

*Linus C. Hoffmeister*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

**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.**