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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUN 21 1948 318  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21305  
State File No. 5298  
Registrar's No.

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: In hospital or institution 7 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 3111 Lawton Blvd  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Roy Russell  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 5  
year 1948 hour 3 minute 45 p.m.

4. Sex Male 2  
5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bennie Russell  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased February 13 1903  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 29 19 48 to June 5 19 48  
that I last saw h. im alive on June 5, 19 48  
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 3 Days 22  
If less than one day hr. min.

Immediate cause of death  
Ischemic Heart Disease with  
Decompensation  
Duration Undet.

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

10. Usual occupation Chauffeur

11. Industry or business  
12. Name Raleigh Russell  
13. Birthplace Blackhawk, Mississippi  
14. Maiden name Julia Spencer  
15. Birthplace Raleigh, North Carolina  
(City, town, or county) (State or foreign country)

Due to  
Due to  
Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

16. (a) Informant Bennie Russell  
(b) Address 3111 Lawton Blvd.

17. (a) Burial (b) Date thereof 6/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Means of injury  
23. Signature Oscar L. Daniels (M. D. or other)  
Address 2601 N. Whittier Date signed 6/7/48

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Avenue  
19. (a) JUN 10 1948 J. F. Bredack  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

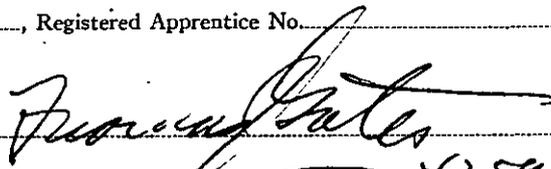
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

~~John E. Birmingham~~

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. ~~4259~~ 4259

P. O. Address. 4107 Finney Avenue

**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.**