

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34637

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9450

1. PLACE OF DEATH:

(a) County _____
 (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 to Hospital 12
 (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)

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. 4445a Athlone Ave
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Charles M. Russell

3. (b) If veteran, name war World War # 1
 3. (c) Social Security No. 702-05-2629

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Adelia
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased February 5, 1896
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 6 24 hr. min.

9. Birthplace Ava Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer

11. Industry or business _____

12. Name Carroll Russell
 13. Birthplace Ava Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Krepps
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adelia Russell

(b) Address 4445a Athlone Ave

17. (a) Burial (b) Date thereof 11-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) NOV 1 1948 (b) J. B. Lapates
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
 year 1948 hour 5 minute 05 P.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
Coronary Occlusion
Coronary Sclerosis
9/4/48

Duration

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? _____

23. Signature Strunk E. Jay (Specify type of place) 3
 (M. D. or other) _____
 Address _____ Date signed 11/1/48

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

MOTHER FATHER

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 *William G. Buchholz*
Licensed Embalmer No. *2110 0*
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.