

FILED JAN 11 1949

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10913

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 165 Sidney St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1948 hour 4 minute 30P. M.
21. I hereby certify that I attended the deceased from Dec. 15, 1948 to Dec. 15, 1948
that I last saw him alive on Dec. 15, 1948
and that death occurred on the date and hour stated above
Immediate cause of death Surgical Shock Duration _____

3. (a) PRINT FULL NAME Russell, David
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-12-8510

4. Sex male 5. Color or race W. 6. (a) ~~Single, widowed, married, divorced~~
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 7th 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Pevely Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business _____

12. Name David Russell

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

14. Maiden name Sylvia Bandriff

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

16. (a) Informant Willard Russell

(b) Address 2750 Keokuk St.

17. (a) removal (b) Date thereof 12-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill, Missouri

18. (a) Signature of funeral director: Jos. P. Fendler, Jr.
(b) Address 7128 Michigan

19. (a) DEC 17 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

Due to Anaesthesia and Post-operative hemorrhage 6 hrs.
Due to Partial Gastric-Resection.
Other conditions Congestion of lungs.
Major findings: Gastric Ulcers.
Of operations Post-operative hemorrhage into Peritoneal cavity and bowel.

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) (c) Means of injury? _____
23. Signature H. A. Pauer (M. D. or other) M.D.
Address Desloge Hosp. Date signed 17 Dec 48

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 *Clarence Polchow*.....

Licensed Embalmer No. *3093*.....

P. O. Address. *7128 Michigan*.....

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.