

FILED OCT 7 1949

STANDARD CERTIFICATE OF DEATH

32140

State File No. ....

BIRTH NO. 61526-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8099

|  |                               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>16</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis, Missouri</u>   |                               | c. LENGTH OF STAY (In this place)  | c. CITY (If outside corporate limits, write RURAL and give township).<br>OR TOWN <u>Brentwood</u>                                      |  | d. STREET ADDRESS (If rural, give location)<br><u>NR 9360 Park Side Avenue</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST HOSPITAL</u>                                     |                               |  | d. STREET ADDRESS (If rural, give location)  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>-</u> c. (Last) <u>Russo</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9-19-49</u>  |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>   | 8. DATE OF BIRTH <u>9-18-49</u>  | 9. AGE (In years last birthday) <u>1</u>                             | IF ORDER IN HIS. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                               | 13a. FATHER'S NAME <u>Sam Joseph Russo</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ineta Antonia DeSteffano</u>            |  |
| 14. NAME OF HUSBAND OR WIFE  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. S.J. Russo</u>  |                               | ADDRESS  |  |  |  |

|   |  |   |  |  |                                  |
|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of amniotic fluid</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>prematurity</u><br>DUE TO (c) |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |  |                                  |

|   |  |   |   |  |
|---|--|---|---|--|
| 19a. DATE OF OPERATION                                | 19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | <u>139</u>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>77</u>         |   |  |

22. I hereby certify that I attended the deceased from Sept 18, 1949, to Sept 19, 19 49 that I last saw the deceased alive on Sept 18, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23a. SIGNATURE (Degree or title)<br><u>George Anstey M.D.</u>               | 23b. ADDRESS<br><u>1222 Missouri Theatre</u>             | 23c. DATE SIGNED<br><u>9-19-49</u>                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)                                   | 24b. DATE<br><u>Sept 20, 1949</u>                        | 24c. NAME OF CEMETERY OR CREMATORY<br><u>CALVARY CEMETERY</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>ST LOUIS - MISSOURI</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Donald Decker</u> | ADDRESS<br><u>1421 Union</u>                                  |
| DATE REC'D BY LOCAL REG.<br><u>SEP 20 1949</u>                              | REGISTRAR'S SIGNATURE<br><u>J.B. Lenter</u>              |   |

WRITE PLAINLY—USING 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 \_\_\_\_\_

*No Embalming*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.