

MAY 19 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 18483

BIRTH NO. 25864 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4100

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 12hr 49min	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital			d. STREET ADDRESS (If rural, give location) 10 3820 Greer Ave., 8'		
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Louise c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) April 26, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) /	8. DATE OF BIRTH April 26, 1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
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) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Thomas Andrew Russell		13b. MOTHER'S MAIDEN NAME Mary Virginia Roetzel		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Russell 3820 Greer Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) Premature labor, cause unknown  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 762.5-			
22. I hereby certify that I attended the deceased from April 26, 1952 to April 26, 1952, that I last saw the deceased alive on Apr 26, 1952, and that death occurred at 7:40 P.m., from the causes and on the date stated above.					
23a. SIGNATURE Leroy E. Ellison MD		(Degree or title)	23b. ADDRESS 3610 So Broadway St. Louis, Mo		23c. DATE SIGNED 4-28-52
24a. BURIAL, CREMATION, REMOVAL (Specify) /	24b. DATE 4/30/1952	24c. NAME OF CEMETERY, OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo		
DATE REC'D BY LOCAL REG. 4-30-52	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Rowland	ADDRESS 4104 Manchester	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

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.