

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40679  
State File No. 10696  
Registrar's No.

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>General Delivery Robertson Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lola</b> b. (Middle) <b>Russell</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>11/20/52</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 17 1904</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Wife</b>		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>William A. Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Potest</b>	14. NAME OF HUSBAND OR WIFE <b>Carl Russell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carl Russell Robertson</b>	ADDRESS <b>Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix</b>				<b>2 yr</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Melanomas to abdomen</b>				

19a. DATE OF OPERATION <b>10/10/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>As above.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>171X</b>

22. I hereby certify that I attended the deceased from 10/10/51, 1951, to 11/20/52, 1952, that I last saw the deceased alive on 11/19/52, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Race Sauer, M.D.</b>	22b. ADDRESS <b>634 N. Grand</b>	22c. DATE SIGNED <b>11/20/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/21/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smithville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Smithville Arkansas</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Nov 20 1952</b> <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Collins Funeral Home</b>	ADDRESS <b>10123 St. Louis Rd.</b>
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

**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.