

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3515**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY Los Angeles	
b. CITY OR TOWN Maplewood		c. CITY OR TOWN Los Angeles 8040	
c. LENGTH OF STAY (In this place) 4 Mo.		d. STREET ADDRESS (If rural, give location) 2809 W 8th St. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3038 Bartold			

3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL b. (Middle) ROY c. (Last) RUSH			4. DATE OF DEATH (Month) (Day) (Year) 1-12-1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 10-2-1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meatcutter		10b. KIND OF BUSINESS OR INDUSTRY Meat		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William P Rush		13b. MOTHER'S MAIDEN NAME Alice Argo		14. NAME OF HUSBAND OR WIFE ----- Divorced	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-05-1039		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.T. Ferguson 3038 Bartold	
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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		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 1 1/2 hr 1 1/2 hr 1 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Rt Side Hemiplegia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Fever			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	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) 334X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 25, 1953**, to **Jan 12, 1954**, that I last saw the deceased alive on **Jan 11, 1954**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter A. Bell MD	(Degree or title)	23b. ADDRESS 7346a Maplewood Rd, Maplewood 17, Mo.	23c. DATE SIGNED 1-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 1/14/54	REGISTRAR'S SIGNATURE Harold R. Sprague	25. FUNERAL DIRECTOR'S SIGNATURE Walter Aldrich F. Howe	ADDRESS Wheeler Grove Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Walter Grove

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.