

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dea Home Phillip</u>		e. STREET ADDRESS (If rural, give location) <u>3821 Jemmy 2119</u>	
3. NAME OF DECEASED a. (First) <u>Jesse</u> (Type or Print)		b. (Middle) <u>James</u>	c. (Last) <u>Russell</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>17 Mar 1925</u>
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	11. BIRTHPLACE (City and State Foreign Country) <u>Chicago Illinois</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Richard Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Hellie Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>Erna Lee Russell</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or date of service) <u>Mar War II</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Gant</u>	ADDRESS <u>3821 Jemmy</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac tamponade from stab wound of the heart. Suffered when stabbed with knife in the hands of one Henry Scott James (Black) in the vicinity of 1054 No. Gardenview Ave., about 10:50 pm Jan 21 1955.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 21 55 10:50 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E982X</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 100P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Catrick E. Taylor Coroner</u>	23b. ADDRESS <u>1500 Clark</u>	23c. DATE SIGNED <u>1.25.55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	24b. DATE <u>78 Jan 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		

DATE REC'D BY LOCAL REG. <u>JAN 25 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Reliable Funeral Sgs 1221 No way lot</u>
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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.....
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. 4686

P. O. Address 4729 Hammet

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**