

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29066

FILED SEP 6 1956

State File No. 6539

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 Mo	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 62	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 5		(If rural, give location) 5814 Cabanne Ave. 20590	

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) John c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1870	9. AGE (In years last birthday) 86yrs	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect (Russell Mulgardt Schwarz & VanHoeven)		10b. KIND OF BUSINESS OR INDUSTRY London, England		11. BIRTHPLACE (City and State or Foreign Country) 4	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Stokes Russell	13b. MOTHER'S MAIDEN NAME Mary Jane Mayhew	14. NAME OF HUSBAND OR WIFE Elizabeth Dunlap Russell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No None	16. SOCIAL SECURITY NO. 493-40-6047	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Russell Pidding	ADDRESS 5814 Cabanne
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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 condition which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH Hours 7 days
	2. ANTECEDENT CAUSES Mortal conditions, if any, leading due to (b) Multiple fractures of skull, right trochanter, left clavicle, scapula, and three ribs		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 9004-45	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT - SUICIDE - - HOMICIDE - Fall down 15 steps	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bellerive Country Club Bellemeade St. Louis Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY July 4 1956 10p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall down 15 steps
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22. I hereby certify that I attended the deceased from Dec. 22, 1947, to July 11, 1956, that I last saw the deceased alive on July 11, 1956, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR W. G. ...	(Degree or title) M.D.	23b. ADDRESS 3720 Washington Blvd., St. Louis	23c. DATE SIGNED 7/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE July 13, 1956	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. JUL 12 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	ADDRESS 6125 Delmar
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Walter Baumgarter
Baumont Bldg
at 3877

SEP 6
1966

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 *Thomas J. Wagoner Jr.*.....

Licensed Embalmer No. *451*

P. O. Address *St. Louis, Mo.*

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.