

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012623
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 935

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkwood 4693 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 612 Hawbrook Rd.		d. STREET ADDRESS (If outside, give location) 612 Hawbrook Rd.	
Length of stay in 1b At home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle BENT Last RUSSELL			
4. DATE OF DEATH Month Apr. Day 1 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 18, 1862
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Acme Paper Co.	
11. BIRTHPLACE (City and state or country) Winchester, Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Russell		14. MOTHER'S MAIDEN NAME Pauline Parker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT John W. Cooper,		Address 612 Hawbrook Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arterio sclerosis DUE TO (c) Osteo artheritis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 1 yr. over 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 9:30 Month Apr. Day 1 Year 1958 a. m. P. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1948 , to 1958 and last saw her alive on 4-5-58 Death occurred at 930 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. B. Spudis M.D. (Degree or title)		22b. ADDRESS 19 E. Lockwood, Webster Groves 19, Mo.	
22c. DATE SIGNED 4-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-3-58	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR Parker-Aldrich		25. DATE RECD. BY LOCAL REG. 4-2-58	
ADDRESS Webster Groves		26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATE

STATEMENT BY LICENSED EMBALMER

DATE

Signature of Student Embalmer

BY

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 *Leslie Welch*

Licensed Embalmer No. 43

P. O. Address *Welsh*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.