

FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 1 7 6

FILED VS DEC 22 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 479

ENDED

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Pine Lawn d. STREET ADDRESS (If outside, give location) 4116 Ravenwood						
3. NAME OF DECEASED (Type or print) First THERESA. Middle RUSSELL Last _____		4. DATE OF DEATH Month Dec. Day 9, Year 1959								
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 10 Days 22	IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Joseph Scanlon			13b. MOTHER'S MAIDEN NAME Ida Hoffman			14. NAME OF HUSBAND OR WIFE Alfred Russell				
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. Unknown		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Epilepticus - - - - - instantaneous. DUE TO (b) Epilepsy - - - - - since 1956. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Praecox Psychosis and diabetes mellitus since 1954.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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 _____ a.m. _____ p.m.		Month, Day, Year _____		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 <u>August 25, 1955</u> to <u>Dec. 9, 1959</u> and last saw ^{her} him ^{alive} on <u>Dec. 9, 1959</u> Death occurred at <u>7:50 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>John P. Brennan M.D.</i> (Degree or title)				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 12-11-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-12-59		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis City, Mo.				
24. FUNERAL DIRECTOR John Stygar & Son, 5541 Riverview St. Louis, Missouri				25. DATE RECD. BY LOCAL REG. Dec. 11, 1959		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul H. Deysel

Licensed Embalmer No. 4120

P. O. Address Forney, Tex.

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.