WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD 3500 N. Grand N. St. L. Trust Bg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8-9 a, 24-6 p.m.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22820

Township ..... Primary Registration District No. 1003 Registered No. 6481

City St. Louis, Mo (No. 3002 Geyer St. ..... Ward)

2. FULL NAME Alfred Russell

(a) Residence. No. 3002 Geyer St., 17 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 28 - 1868

7. AGE: Years 59 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer): Globe-Democrat
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Alfred Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Hedwig Hatsfeld
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: Alfred Russell Jr. (Address) 3002 Geyer Ave

15. FILED JUL 16 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 14th, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1926, to July 14, 1927 that I last saw him alive on July 14, 1927, and that death occurred, on the date stated above, at 7.10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy (Cerebral)
171
228
87
(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis. chronic interstitial nephritis (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Frank J. V. Krebs, M. D.
July 16, 1927 (Address) 3500 N. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem. DATE OF BURIAL: 7-16 1927

20. UNDERTAKER: Peetz Bros. 3029 ADDRESS: Lafayette