

**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
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 2563-2 Warren St)

File No. 25799
 Registered No. 17633
 St. _____ Ward _____

2. FULL NAME

Robert L. Russell
 (a) Residence. No. 2563-2 Warren St., 20 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Teresa Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 1890

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
37 7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tar Roofer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Frank Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Elizabeth Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Teresa Russell
 (Address) 2563-2 Warren St

15.

FILED 25 1928 W. C. Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1928

17. I HEREBY CERTIFY That I attended deceased from July 23 1928 to July 24 1928 that I last saw him/her alive on July 23 1928 and that death occurred, on the date stated above, at 6:20 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

23A (duration) Don't know yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Davies, M. D.

(Address) 2337 N. Market St

*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

DATE OF BURIAL

Calvary 7-27 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 West 47

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.

MISSOURI STATE BOARD OF HEALTH

Mr Harris

2305th W. 1st Ave