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

Do not use this space.

12241

1929

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1170

Township: — Primary Registration District No.: 6248 H

City: Webster Gr. — St.: St. Mary's Hosp. — Ward:

File No.:

Registered No.: 72 (72)

2. FULL NAME: Alexander R. Russell.

(a) Residence. No. 729 Rosemont St. — Ward: — Webster Groves.
(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: Lone Russell.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct - 24 - 1871

7. AGE: Years 57. Months 4. Days 16. If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Coulterville, (STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Unknown Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Coulterville Ill.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs A. R. Russell.
(Address) #729 Rosemont - Webster

15. FILED 3/11, 19 29 C. L. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch - 10, 19 29.

17. I HEREBY CERTIFY, That I attended deceased from 2-27-, 1929, to 3-10-, 1929 that I last saw alive on 3-10-, 1929 and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured gastric varix - infected hemorrhage

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY): Diabetes mellitus

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? yes. DATE OF: emergency

WAS THERE AN AUTOPSY? No.

WHAT TESTS CONFIRMED DIAGNOSIS? Hoy's Sam. clinical finding

(Signed) A. A. Haddock, M. D.

, 19 (Address) Webster Groves

*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: Clay Center Kan. — DATE OF BURIAL: 3 - 11, 1929.

20. UNDERTAKER: C. R. Rupton. — ADDRESS: Olive St. #4449

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.

at St. Mary's at
Clayton

U.S. NO. 2