

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

Do not use this space.

23451

File No. _____
Registered No. 69:37
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. St. Anthonys Hospital)

2. FULL NAME

Leonard W Russell

(a) Residence. No. _____ St. 16 Ward. Wein Garden Mo.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20/1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 5 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lousiana
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Russell.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jack Russell
(Address) Wein Garden Mo

15. FILED 1929 REGISTRAR W. E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from June 23 1929, to June 30, 1929 that I last saw him alive on June 23, 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pyelonephritis
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CONTRIBUTORY Hypertrophied
(SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. unknown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory Clinical Exam
(Signed) E. E. ... M. D.
, 19 29 (Address) 520 Fairview Bldg.

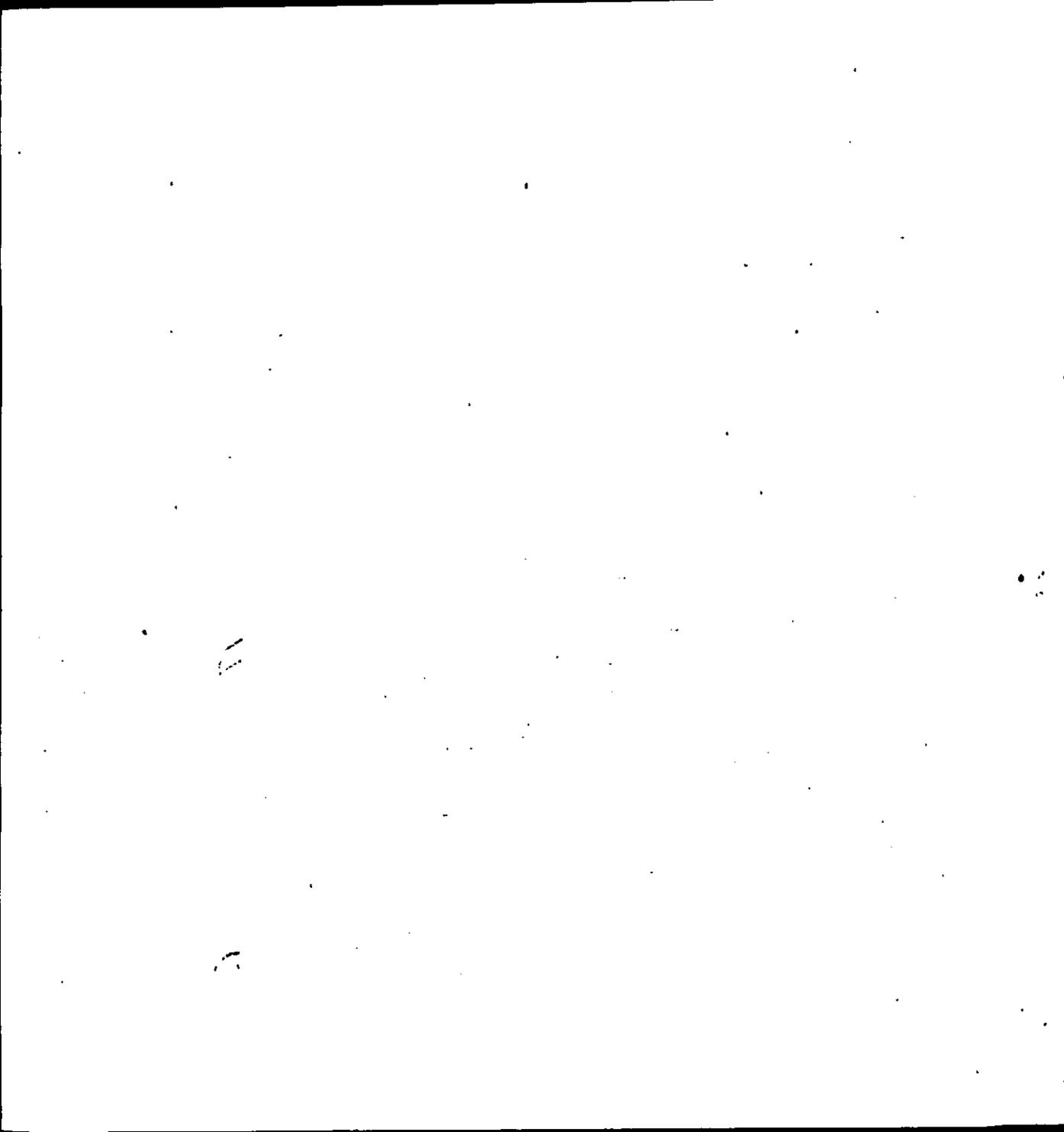
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gravelly Colorado DATE OF BURIAL 7/5 19 29

20. UNDERTAKER Basler Und. ADDRESS Ste. Genevieve

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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cated by check marks, lacking from the death certificate:

Name: Leonard W. Russell

Who died at: St. Louis, Mo. on June 30, 1939,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Chronic Pyelonephritis

Contributory: Hypertrophied
of Prostate Glands. Information given over Phone by

Where was disease contracted? Dr. E. C. Serton, Div. of V. S. 12-9-29

Date of _____

S-23451