

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

Do not use this space.

7909

1. PLACE OF DEATH

County.....

Registration District No. 791
1009

Township.....

Primary Registration District No.

City St. Louis (No. City Hosp.)

File No.

Registered No. 2279

St. Ward)

2. FULL NAME

(a) Residence. No. 1807 N. Jefferson St., 20 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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 Paula Russo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19, 1862

7. AGE YEARS 68 MONTHS 6 DAYS 0 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy It.

10. NAME OF FATHER Joseph Russo

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

12. MAIDEN NAME OF MOTHER Josephine Russo

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

14. INFORMANT (Address) E. Rowan
City Hospital

15. FILED 23 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1931 to Feb. 19th, 1931 that I last saw him alive on Feb. 19th, 1931, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute terminal retention with uremia
137
1356
(duration) 133 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Benign hypertrophy of prostate
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF (P)

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Blood N. P. N.
(Signed) Joseph T. Maher, M. D.

230 1931 (Address) City Hospital
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 Calvary DATE OF BURIAL Feb 23 1931

20. UNDERTAKER Benjamin Niehan ADDRESS #3876

N. R.—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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

1910