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

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8359

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 2790

Township ..... Primary Registration District No. 1003 ..... Registered No. 2790

City St. Louis (No. 3022 N. Sarah St. ..... St. ..... Ward)

2. FULL NAME Elizabeth Russel

(a) Residence. No. ..... St., 10 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 Female

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 John H. Russel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
70	—	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at home 2 35

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER John. Mueller

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

12. MAIDEN NAME OF MOTHER Leont. Knorr

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

14. INFORMANT Jos. H. Russel
(Address) 3022 N. Sarah

15. FILED ..... 19.. Max C Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 28 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930, to Feb 28, 1931 that I last saw her alive on Feb 27, 1931, and that death occurred, on the date stated above, at 930 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart

99

95

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 97 (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John J Kehoe, M.D

3/2, 1931 (Address) 4145 St Louis Av

*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 Mch 3 1931

20. UNDERTAKER Edw. F. Howard & Sons

ADDRESS 4212 St. Louis Ave.