

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

Do not use this space.

10175

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Washington & Theresa, Bernard, Min & Louis Hosp Ward)

File No.....
Registered No. **2193**

2. FULL NAME

Minnie Carter Russell
(a) Residence, No. St., 21 Ward. Christopher, 200
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 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 William Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/29/90
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 11 06

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Kentucky

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

15. MAIDEN NAME Unknown-Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. ?

17. INFORMANT (ADDRESS) W. S. Russell, Christoph 200

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Christopher 3/8/32

19. UNDERTAKER (ADDRESS) Union Christopher 200

20. FILED MAR -7 1932 Max Starkley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6 1932
22. I HEREBY CERTIFY, That I attended deceased from 2/24 1932 to 3/6 1932
I last saw her alive on 3/6 1932 Death is said to have occurred on the date stated above, at 5:30 a.
The principal cause of death and related causes of importance were as follows:

Carcinoma uteri Date of onset 6 mo
48
Other contributory causes of importance: (1)
Cardiac failure

Name of operation Hysterectomy Date of 3/4/32
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. W. Hedgerick M. D.
(Address) 3427 Washington

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.

