

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

Do not use this space.

0 10958

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 003
City St. Louis (No. City Hospital)

File No.
Registered No. 3036
St. Ward)

21820

2. FULL NAME

(a) Residence, No. 7421 St. Louis St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 - 1954

7. AGE YEARS 77 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 87 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle 2 Indiana

FATHER 13. NAME John Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Mary Weyman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia 2

17. INFORMANT (ADDRESS) Hospital Information Francis J. Kelly

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE March 28, 1937

19. UNDERTAKER (ADDRESS) John P. Collins & Co. Inc. 728 N. 3rd St. St. Louis

20. FILED R 24 1937 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1937 to Mar. 27th, 1937

I last saw him alive on Mar. 27th, 1937 Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
107A
87 1/2
Other contributory causes of importance: 107001

Name of operation Paralysis agitans Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? If so, specify

(Signed) Francis J. Kelly, M. D.
(Address) City Hospital

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.

Russell