

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

Do not use this space.

24202

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Peoples Hospital**)

File No.
Registered No. **6315**
St. Ward)

2. FULL NAME

(a) Residence, No. **3622a Cousin** St. **11** Ward.

(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 Male	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Russell		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1888		
7. AGE YEARS 44	MONTHS 3	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104		
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) Tenn		
13. NAME Frank Russell		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn		
15. MAIDEN NAME unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn		
17. INFORMANT Ellen Russell (ADDRESS) 3622a Cousin		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 8 1932		
19. UNDERTAKER Reverend (ADDRESS) 2700 Wash St		
20. FILED 1-9 1932 19 Max C. Stanley Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-1-1932**

22. I HEREBY CERTIFY, That I attended deceased from **6-30-1932** to **7-1-1932**.
I last saw him alive on **6-30-1932** Death is said to have occurred on the date stated above, at **5:00 a.m.**
The principal cause of death and related causes of importance were as follows:

1. **Acute parenchymatous nephritis ducts pneumonia**
2. **myocarditis acute**
3. **Coalescing lobes pneumonia**

Other contributory causes of importance: **pneumonia**

108/138/08
1934/08

Name of operation..... Date of.....
What test confirmed diagnosis? **Urinary** as 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? **no**
If so, specify **Blair M. Carter**, M. D.
(Address) **3447 Pine St. S. L. Mo.**

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.

RECORD

