

DEAR 22 1934

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

Do not use this space.

1. PLACE OF DEATH

33 County St. Louis  
Township Salem Mo  
City Salem Mo (No. 15)

Registration District No. 266  
Primary Registration District No. 4165

File No. 4438  
Registered No. 15  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis R Russell

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 6 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) unwed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know, no relatives

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work mechanic  
(b) General nature of industry, business, or establishment in which employed (or employer) Ely & Walker  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mass  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mass  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Lambert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mass  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Charles E. Russell  
(Address) Salem Mo.

15. FILED 2/21, 1934. W. H. Ruda, Jr., M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 20 1934

17. I HEREBY CERTIFY, That I attended deceased from February 6, 1934 to February 20, 1934  
that I last saw him alive on February 19, 1934, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Sclerosis  
Coronary Sclerosis  
arteriosclerosis  
(duration) several yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings  
(Signed) A. E. Sutter, M. D.

22. (Address) Salem Missouri

\*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 Cedar Grove Cem DATE OF BURIAL 2/22 1934

20. UNDERTAKER H. H. Hobson ADDRESS Salem Mo

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