

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **16893**
City **St. Louis** (No. **St. Anthony Hospital**) File No. **25031**
Registered No. **6485** St. Ward

2. FULL NAME

Katz Russell
(a) Residence, No. **3637 Pine Grove** St., **N.R.** Ward. (If nonresident, give city or town and State)
(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? **30** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF **John F. Russell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 24 - 1886**

7. AGE YEARS **48** MONTHS **10** DAYS **4** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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) **Great Bridge England**

13. NAME **George F. Stanton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown England**

15. MAIDEN NAME **Sarah Harris**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown England**

17. INFORMANT (ADDRESS) **John F. Russell 3637 Pine Grove**

18. (BURIAL, CREMATION, OR REMOVAL) PLACE **Mt. Lebanon Cemetery** DATE **July 31 1935**

19. UNDERTAKER (ADDRESS) **F. B. Tanner 6107 Natural Bridge rd**

20. FILED **JUL 30 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 20**, 19**35**

22. I HEREBY CERTIFY That I attended deceased from **July 27**, 19**35**, to **July 28**, 19**35**

I last saw him alive on **July 29**, 19**35** Death is said to have occurred on the date stated above, at **4:05 p.m.**

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

Hypertension (Ch) Date of onset **(?) about 1915**
Hepatitis (Ch)
Myocarditis (Ch) **(?) 93**

Other contributory causes of importance: **131**

Name of operation **none** Date of operation **not stated**
What test confirmed diagnosis? **Phys. exam - laboratory test** 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**35**

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) **Robert G. Ames**, M. D.
(Address) **1020 Paul Brown Deeds Bldg**

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.

Paul Brown

27