

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

Do not use this space.

24469

1. PLACE OF DEATH

County St. Louis

Registration District No. **791**

File No.

Township St. Louis

Primary Registration District No. **1008**

Registered No. **6086**

City St. Louis (No. B 3541)

City St. Louis

St. Ward)

2. FULL NAME

Russell Gadburry

(a) Residence, No. 1214
(Usual place of abode)

Massena St., 22 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.P.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Students

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) Sweet Springs, Mo.

13. NAME James Gadburry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas, Ind.

15. MAIDEN NAME Jessie Reiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Dr. J. P. ...

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthew DATE 6-15-1936

19. UNDERTAKER Arthur J. Donnelly, 263
(ADDRESS) 3840 Bendish Bldg

20. FILE J. F. Bredeck
(ADDRESS) St. Louis

21. REGISTRAR J. F. Bredeck
(ADDRESS) St. Louis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/9, 1936, to 6/11/36, 1936.

I last saw him alive on 6/11, 1936 Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Rheumatic heart disease Date of onset

Other contributory causes of importance: Pulmonary infarct

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Geo. J. Seilberg, M. D.
(Signed) J. F. Bredeck
(Address) St. Louis

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.

