APR 9 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 10347
Registered No. 2918

1. PLACE OF DEATH

County
Township
City SAINT LOUIS. (No. MISSOURI, BAPTISTE HOSPITAL St. Ward)

2. FULL NAME RUSSELL B. HART.

(a) Residence, No. LENOX HOTEL (LOCAL) St., 25 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 16 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74 ~~75~~	6	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SPECIAL DEPUTY BANK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COMMISSIONER. STATE OF MISSOURI.
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) WORTHINGTON OHIO

FATHER
13. NAME RUSSELL B. HART
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME LUCY WOLCOTT THRALL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT CHAS H. YOUNG
(ADDRESS) SPRING FIELD MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbus OHIO DATE MARCH 16 1937

19. UNDERTAKER C. P. LUPTON + SONS
(ADDRESS) 4449 OLIVE ST.

20. FILED MAR 15 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 13th. 1937.

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th 1937, to March 14th 1937.
I last saw him alive on March 14th 1937. Death is said to have occurred on the date stated above, at 11:20 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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
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) Seldon Spencer, M. D.
(Address) Univ. Club 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.

Payne

Univ [illegible] Bldg

JE 0294

9-12

Mon

[illegible] C. Payne

[illegible] Spring

4-6 PM

JE 4365

Ro [illegible]