

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.

NOV 23 1937

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

Do not use this space.

38848

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Roch (No. _____)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 406 St. _____ Ward _____

2. FULL NAME Eugene Russell

(a) Residence, No. 3701 Vista St. Louis 8th Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 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 Negro 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) 11-18-13

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>96</u>	<u>23</u>	<u>10</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper
10. Date deceased last worked at this occupation (month and year) 1-2-37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Julius Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME Laura

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Mrs. Inez Russell (ADDRESS) 3701 Vista St.

18. BURIAL, CREMATION, OR REMOVAL Greenwood Cem. DATE Oct 5 1937

19. UNDERTAKER William C. McDowell (ADDRESS) 3506 Franklin Ave.

20. FILED Oct 4 1937 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Oct 1, 1937

I last saw him alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 5:19 a.m.

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

Pulmonary Tuberculosis
Laryngitis

Date of onset	<u>9-36</u>
	<u>9-36</u>

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) Albert Kaplan, M. D.
(Address) Roch. Mo.

11 1000 0 04 8 1 10-8 1

0.01