

DEC 13 1937

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

39673

Do not use this space.

791 2  
1003 1

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 4517 Pennsylvania Ave. Registered No. 0660 St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HUGH RUSSELL

(a) Residence, No. 4517 Pennsylvania Ave. St. 15  
(Usual place of abode, if no street address, write county or city) (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Farmer  
9. Industry or business in which work was done, as 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) Bambridge County, Ireland.

13. NAME Thomas Russell

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

15. MAIDEN NAME Anna Sneed

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

17. INFORMANT J. N. Hull  
(ADDRESS) 4726 S Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk, Ia. DATE Nov. 20, 1937

19. FUNERAL DIRECTOR Alexander & Sons  
(ADDRESS) 617 S Delaware Blvd

20. FILED NOV 18 1937 J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1937

22. I HEREBY CERTIFY That I attended deceased from August 18, 1937, to November 17, 37. I last saw h. alive on November 17, 1937. Death is said to have occurred on the date stated above, at 8:55 P m.

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

Endocarditis Obiter  
myocardial  
stenosis  
9/10

Other contributory causes of importance:  
no definite disease of heart

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) [Signature], M. D.

(Address) 3325 [Address]

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.

008  
5  
15  
5

3951 or 3990  
Grand 3990

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E. ....  
No. + E. Altman, Registered Apprentice No. —  
working under my personal supervision.

Signed Jos. E. McCulloch  
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)