

REC'D FEB 10 1939

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

452  
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **XCity Hospital No. 1** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 12674 **247** Guy Russell

**2. PRINT FULL NAME**

(a) Residence, No. **911 Market** St. **25** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 8, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**46**      **10**      **5**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fruit & Produce**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **xxxxxx**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Wapaca**  
 (STATE OR COUNTRY) **Wisconsin**

FATHER 13. NAME **James H. Russell**

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

MOTHER 15. MAIDEN NAME **Addie Chamberlain**

16. BIRTHPLACE (CITY OR TOWN) **Wapaca Wisconsin**  
 (STATE OR COUNTRY)

17. INFORMANT **Harold Russell Kent**  
 (ADDRESS) **5551 Enright**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **1-14-39**, 19

19. FUNERAL DIRECTOR (NAME) **Alexander & Sons**  
 (ADDRESS) **6175 Delmar Blvd.**

20. FILED **J. F. Budeck** Local Registrar

**JAN 14 1939**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/13/39**, 19

22. I HEREBY CERTIFY, That I attended deceased from **11/29/38**, 19, to **1/13/39**, 19.

I last saw him alive on **1/13/39**, 19. Death is said to have occurred on the date stated above, at **10.40 a**. The principal cause of death and related causes of importance were as follows:

*Cellulitis of right leg  
 Septicemia  
 Cause unknown*

Date of onset

Other contributory causes of importance

*Chronic alcoholism*

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

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? **1**  
 If so, specify .....  
 (Signed) **Albert H. Kraus**, M. D.  
 (Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Raymond C. Hehrke*  
working under my personal supervision.

*License*  
Registered Apprentice No. *3985*  
*City # 99*

Signed.....

*Ray C. Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St. Louis, Mo*  
*City # 100*

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.)

If this body is not embalmed, above space should be left blank.