

JUL 12 1939

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

20320
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Park Lane Hospital** St. **5164**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Baby Russell**

(a) Residence, No. **3742 St. Louis Ave.** St. **11**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Premature 6-8-39**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **Bert Russell**

14. BIRTHPLACE (CITY OR TOWN) **Rives** (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Lela Williams**

16. BIRTHPLACE (CITY OR TOWN) **Unk.** (STATE OR COUNTRY) **Indiana**

17. INFORMANT **Mr. Bert Russell** (ADDRESS) **3742 St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **6/8/1939**

19. FUNERAL DIRECTOR (NAME) **Suedmeyer & Sons** (ADDRESS) **3934 N. 20th St.**

20. FILED **JUN 8 1939** **J.F. Brudick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 8th 1939**, to **June 8th 1939**. I first saw him live on **6-7-39**. Death is said to have occurred on the date stated above, at **8:13 A.M.**
The principal cause of death and related causes of importance were as follows:

Yell burn + Precipitate

Other contributory causes of importance:

J. B. Russell

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? **1**
If so, specify _____
(Signed) *J. B. Russell* M. D.
(Address) **4930 Linden St.**

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.

1-16605

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.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.