DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20954

Registration District No. JUL 12 1939 791 1003

Primary Registration District No.

Registrar's No. 5798

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 days (Specify whether
In this community 23 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 1 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3543 Laclede Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nannie Russell

3. (b) If veteran, name war None

3. (c) Social Security No. 489-10-4244

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased July 4, 1880
(Month) (Day) (Year)

8. AGE: Years 58 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Elkton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Silas Russell
13. Birthplace Elkton (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Winnie Brooks Kentucky
15. Birthplace Elkton (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Beatrice Wallace
(b) Address 3543 Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/39 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 3517 Laclede Ave

19. (a) JUN 29 1939 (Date received local registrar) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1939 hour 10:P.M minute M.

21. I hereby certify that I attended the deceased from June 25, 1939 to June 28, 1939 that I last saw her alive on June 28, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterioclerotic heart disease	6.8 years
Due to	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N. Whitfield Date signed 6/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 3-17-39 I X19511

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Loclede Ave

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.