

6 30 1939

REC'D SEP 7 1939

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

Do not use this space.

30235

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township St. Charles

Primary Registration District No. 111

City St. Marys Hosp.

(No. St. Marys Hosp.)

File No. _____

Registered No. 4491

St. _____ Ward _____

2. FULL NAME Clarence Russell

(a) Residence, No. Potosi Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1939

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, 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) Potosi Missouri

MOTHER FATHER 13. NAME Ben Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri

MOTHER 15. MAIDEN NAME Margaret Hoyt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) Ben Russell Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE Aug 21 1939

19. UNDERTAKER (ADDRESS) H. J. Leidner and Co. 1417 N. Market St. St. Louis

20. FILED AUG 20, 1939 R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/25, 1939, to 8/20, 1939

I last saw him alive on 8/19, 1939. Death is said to have occurred on the date stated above, at 3:15 A.M.

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

marasmus

Date of onset ?

898

Other contributory causes of importance: Bilateral mastoid arthritis

Name of operation Bilateral antrotomy Date of 8/16

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? _____ If so, specify _____

(Signed) Charles E. Gerson, M. D.

(Address) 6420 Clayton Rd. St. Louis County, Mo.

Homer L. Pender

License # 3367

2223 St. Louis