

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9423
Registrar's No. 2906

Registration District No. 791 Primary Registration District No. 1003

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:
6214 Oleatha Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles L. Russell
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widower
(b) Name of husband or wife Late May E. Russell
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 11 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lithographer
retired 10 years

11. Industry or business _____
12. Name James Russell
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Breen
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Russell
(b) Address 6214 Oleatha Ave.

17. (a) Burial (b) Date thereof 3-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAR 28 1940 (b) J. B. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 6214 Oleatha Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1940 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from 1936
_____ 1940, to Mar 27 1940
that I last saw him alive on Mar 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
athero sclerosis of the
myocardium
Due to Progressive
(senility)
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

23. Signature Neal Danhill (M. D. or other) _____
Address 5914 Delmar Date signed 3/27/40
(Specify type of place) (e) Means of injury _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

59 14 Delmar Blvd. 3-5 P.M.

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 *Reinhold K. Lohmann*.....

Licensed Embalmer No. *3395*.....

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.