

REC AUG 25 1940 91

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6389

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: H G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days / 1
18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clayton Russell 240

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Morton Russell 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business unemployed 3-4 yrs

12. Name Scott Lee Russell

13. Birthplace Sardis Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Reed
15. Birthplace Sardis Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. Russell

(b) Address 700 N. 23rd St.

17. (a) Burial (b) Date thereof July 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director C. J. Brubaker Co.

(b) Address 2226 Lucas Chas. H. Ardman, Inc.

19. (a) JUL 30 1940 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 700 N 23th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 1:13 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 24, 1940, to July 27, 1940;
that I last saw him alive on July 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage c Thrombosis Duration 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Fredrick (M. D. or other) _____

Address 2691 N Whittier Date signed _____

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2117

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.