

Registration District No. 757

Primary Registration District No. 5998

Registrar's No. 153

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural - St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLIAM RUSSELL 240

3. (b) If veteran, name war World War 3. (c) Social Security No. 489-18-1185

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

6. (b) Name of husband or wife Julia Barge 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 5th 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborn

11. Industry or business

12. Name Phillip Russell

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Russell

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Aug 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hickman - Baul
(b) Address 326 N 6th St - St. Charles MO

19. (a) 8/31/40 (b) Clarence H. Hessler
(Date received local registrar) (Registrar's signature) A

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1324 N 3rd St
(If rural, give location) _____
(e) If foreign born, how long in U. S. A? _____ years.

Coroner's ~~Medical~~ CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1940 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Held I quest Aug. 31, 1940, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Injuries, internal injuries, fractured skull
Due to river piling falling upon his body in process of unload-
Due to ing RR car

Other conditions 1940
(Include pregnancy within 3 months of death)

Major findings: External Physical exam. by L. R. McIntire M.D.

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug. 29, 1940
(c) Where did injury occur? near St. Charles, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial accident.

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

23. Signature John Buse (M.D. Coroner)
Address S. Charles County, Mo. Date signed 8/31/40

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

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FEB 1 1945

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 Arthur C. Bone

Licensed Embalmer No. 3150

P. O. Address St Charles Mo.

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.