DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40445

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10216

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: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 10 (If outside city or town limits, write "RURAL")

(d) Street No. 4463 Labadie Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Grace Anna Russo

3. (b) If veteran, name war -------- 3. (c) Social Security No. ------

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March (Month) 12 (Day) 1940 (Year)

8. AGE: Years --- Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation ----

11. Industry or business ---- 0

FATHER
12. Name John B. Russo 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Francis Rello
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature John B. Russo.

(b) Address 4463 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13 -40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli-Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) DEC 12 (Date received local registrar) (b) J N Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 11 day 1940 year _____ hour 12 minute 15-9 M.

21. I hereby certify that I attended the deceased from Dec 6, 1940 to Dec 11, 1940 that I last saw her alive on Dec 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia Primary.	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107a	

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 J. Wirtar White (M. D. or other)

Address 4500 Olive Date signed 12/11/40

(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.

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~~ and Anthony J. Miceli, Registered Apprentice No. 276 working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.