

Registration District No. **7911**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St Louis  
 (b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 dds  
(Specify whether  
 In this community 15 yrs  
years, months or days)

3. (a) PRINT FULL NAME Annie Russell

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

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

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

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

8. AGE: Years abt 58 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic

11. Industry or business at Home

12. Name unknown

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

14. Maiden name unknown  
 15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Mitchell  
 (b); Address 815 N. 21st Street

17. (a) Burial (b) Date thereof 12-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (e) Signature of funeral director Atkins Bros

(b) Address 3644 Fanny ave

19. (a) DEC 29 1940 (b) J. W. Redick  
(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. 815 N 21st Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 24  
 year 1940 hour 3:35 minute A.M.

21. I hereby certify that I attended the deceased from December 18, 1940, to December 24, 1940;  
 that I last saw her alive on December 24, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease 3 yrs  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature Edell W. Lusk (M. D. or other) \_\_\_\_\_  
 Address 2601 N Whittier Date signed \_\_\_\_\_

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

**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 Louis V. Atkins

Licensed Embalmer No. 2842

P.O. Address 3644 Finney

**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.**