

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

447

Registration District No.

Primary Registration District No.

1003

Registrar's No.

447

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:
4950 Washington Blvd.
 (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

8. (a) PRINT Silas
 FULL NAME S. Bent Russell

8. (b) If veteran, name war None
 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Anne C. Russell
 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 21, 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 5 hr. min.

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

10. Usual occupation Retired Civil Engineer

11. Industry or business

12. Name Charles S. Russell
 13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Mead
 15. Birthplace New York
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anne C. Russell

(b) Address 4950 Washington Bl.

17. (a) Cremation (b) Date thereof 1/16/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vedhalla Crematory

18. (a) Signature of funeral director John J. Russell

(b) Address 4911 Washington Bl.

19. (a) JAN 16 1941 (b) J. W. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4950 Washington Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
 year 1941 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from July 11, 1931, to Dec 2, 1940
 that I last saw him alive on Dec 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to _____

Due to _____

Other conditions Malnutrition
 (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)
 (e) Means of injury 0

23. Signature W. H. Shuckard (M. D. or other)
 Address 3903 Olive Date signed 1/17/41

Not embalmed

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.....

Licensed Embalmer No.....

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.