

No. 2
4-13-40
5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12823
State File No. 3253
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(c) Name of hospital or institution: City Hospital #1
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME. JOHN THOMAS RUSSELL
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Ellen D. Russell
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased. About 1859

8. AGE: Years Months Days If less than one day
About 82 Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John F. Russell
13. Birthplace Kentucky
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Eddie Russell
(b) Address 2313 S. 13th St.

17. (a) Removal (b) Date thereof April 16-1941
(c) Place: burial or cremation Wingo, Kentucky

18. (a) Signature of funeral director Am. C. Mayhew
(b) Address 1926 Allen Ave.

19. (a) APP-15-1041 (b) J. B. Redick
(City or local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 2312 S. 13th St.
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14th
year 1941 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from March 26, 1941 to April 14, 1941!
that I last saw him alive on April 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right humerus

Due to Sarcoma of rt humerus

Due to 55 13 1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations sarcoma proven by biopsy
Of autopsy no post mortem

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature R. R. Huston (M. D. or other) 13
Address 1515 Lafayette Date signed 4-15-41

Duration
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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P.O. Address..... *1926 Ellis*

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, fact should be so stated above.