

FILED OCT 18 1941  
791

STANDARD CERTIFICATE OF DEATH

State File No. 30130

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7469

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:  
4403 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 Life / years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
19  
 (c) City or town St. Louis 19 9  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4403 Washington Blvd.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? Life 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th.  
 year 1941 hour 3:20PM. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from July 16  
1940 to Sept 13 1941.  
 that I last saw her alive on Sept 13 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. Ship.  
 Due to Arteriosclerosis based on  
 Due to \_\_\_\_\_

Other conditions X  
(Include pregnancy within 3 months of death)  
 Major findings: X  
 Of operations \_\_\_\_\_  
 Of autopsy X

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Alexandrea Y. Russel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 27th. 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Secretary Unemployed

11. Industry or business Motor Buss Co

MOTHER FATHER { 12. Name Alexandra M Russel  
 { 13. Birthplace Pa. |  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Nora Yorke  
 { 15. Birthplace Pa. |  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Russel  
 (b) Address 4403 Washington Blvd

17. (a) Removal (b) Date thereof 9/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Ill.

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) SEP 10 1941 (b) J. Buedeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_ X  
 (b) Date of occurrence \_\_\_\_\_ X  
 (c) Where did injury occur? \_\_\_\_\_ X  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ X

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature R. M. D. M. D. of Health  
 Address 8720 Washington Date signed 9/14/41

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

*Dr. Mueller  
3770 Washington Dr.  
12-2*

**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 *Wesley W. Kappeler*

Licensed Embalmer No. *1861*

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.