

S. No. 2  
9-4-41  
5-17-39  
PI X29424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38130**  
Registrar's No. **2336**

FILED DEC 10 1942  
Registration District No. **284**

Primary Registration District No. **200**

96  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **St. Louis Co.**  
 (b) City or town **BALLWIN Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **PINE CREST NURSING HOME**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 DAY**  
(Specify whether)  
 In this community **8.5 YEARS**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **000**  
 (c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3022 N. SARAH ST.** **9**  
(If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country **1**

**3. (a) PRINT FULL NAME** **John H. RusSEL**  
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov** day **5** year **1942** hour **7** minute **10** M.  
**21. I hereby certify that I attended the deceased from** **June 1** 19**42** to **Nov 5** 19**42**  
 that I last saw him alive on **Nov 4** 19**42**  
 and that death occurred on the date and hour stated above.

**4. Sex** **MALE** **5. Color or Race** **WHITE** **6. (a) Single, widowed, married, divorced** **WIDOWED**  
**6. (b) Name of husband or wife** **ELIZABETH RUSSEL** **6. (c) Age of husband or wife if alive** **15** years **1857**  
**7. Birth date of deceased** **SEPT** (Month) **15** (Day) **1857** (Year)

Immediate cause of death **Chronic Interstitial Nephritis 1/2**  
 Due to **Chronic Arterio Sclerosis 1/2**  
 Due to \_\_\_\_\_  
 Other conditions **1/2**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **85** Months **1** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **St. Louis Mo** (City, town, or county) (State or foreign country) **0**  
**10. Usual occupation** **CONTRACTOR**  
**11. Industry or business** **Building**  
**12. Name** **John RusSEL**  
**13. Birthplace** **St. Louis Mo** (City, town, or county) (State or foreign country) **0**  
**14. Maiden name** **Don't know**  
**15. Birthplace** **St. Louis Mo** (City, town, or county) (State or foreign country) **0**

Major findings: **01**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **MRS O'LEARY**  
**(b) Address** **3022 N. SARAH ST.**  
**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **NOV 7 1942** (Month) (Day) (Year)  
**(c) Place: burial or cremation** **PALMERY CEMETERY Los Angeles**  
**18. (a) Signature of funeral director** **C. S. McFarland**  
**(b) Address** **4212 St. Louis Ave**  
**19. (a) NOV 6 - 1942** (Data received local registrar) **(b) C. S. McFarland** (Registrar's signature)

**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** **John J. Kehoe** (M. D. or other)  
**Address** **4145 St. Louis** **Date signed** **11/5/42**

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**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..... *Jos A. Howard* .....

Licensed Embalmer No. *4139* .....

P. O. Address..... *4212 St Louis Ave* .....

**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.**