V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

713

State File No.

FILED FEB 2 1943 818 1003

Registration District No. Primary Registration District No. Registrar's No. 781

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:
City Hosp #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 14 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 003 12 74

(a) State Mo (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6545 Manchester Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Berry W Russell

3. (b) If veteran, name war None

3. (c) Social Security No. 499-01-1180

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 5th. 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	20	hr. min.

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

10. Usual occupation City Dective

11. Industry or business St. Louis Police Dept

FATHER
12. Name Irael E Russell
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Elenore Geron
15. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs Estella Russell
(b) Address 6545 Manchester Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Hannigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) JAN 26 1943 (Date received by local registrar) J. F. Bredcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1943 hour 4:40AM minute M.

21. I hereby certify that I attended the deceased from August 20, 1942 to January 25, 1943 that I last saw him alive on January 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Larynx	3 yrs.
Due to Metastases to Neck and Mediastinum	
Due to	
Other conditions Purulent Trachea Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Larynx
Laryngectomy
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

23. Signature Leo O Neil (M. D. or other)
Address 1515 Lafayette Avenue Date signed 1/26/43

(Licensed Embalmer's Statement on Reverse Side)

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 Homer W. Fritz

Licensed Embalmer No. 3882

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, fact should be so stated above.