S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4722

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 1608

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12 3
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6442 Hoffman Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank F. Russell

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Russell

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct. (Month) 4th (Day) 1897 (Year)

8. AGE: Years 45 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Hot Springs (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Kroeger Co.

FATHER
12. Name William Russell
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Gertie Johnson
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Ruth Russell
(b) Address 6442 Hoffman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 18 1943 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis;	
Due to Arteriosclerosis;	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F. Allen (M. D. or other)
Address Deputy Coroner Date signed 2-18-43

(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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.