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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19985

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5553

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 26 days (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED: 0000 17 1 725
(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1634 Lane B. Carr Village (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sidney Russell Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 12 (Month) 25 (Day) 1874 (Year)
8. AGE: Years 68 Months 5 Days 20 If less than one day hr. min.
9. Birthplace Trenton (City, town or county) Tenn (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Burgan Russell
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Fannie Shaff
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Julia Russell
(b) Address 1634 Lane B. Carr Village
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Tenn
18. (a) Signature of funeral director Bennie Lane
(b) Address 310 3rd Washington
19. (a) JUN 17 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15, year 1943 hour 2 minute 25 A. M.
21. I hereby certify that I attended the deceased from April 20, 1943 to June 15, 1943; that I last saw him alive on June 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	Unk.
Due to Chr. Bronchial Asthma	Unk.
Due to Organic Psychosis	Unk.
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.

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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
23. Signature S. E. Smith (M. D. or other)
Address 260 Whittier Date signed 6/15/43

(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.....William Claude Gordon

Licensed Embalmer No.....3489

P. O. Address.....4575 Aldine A

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.