

S. No. 2
M-243
S-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33490

Registrar's No.

9598

FILED NOV 10 1943

318

Registration District No.

1003

44

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH RUSSELL

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife W^{MR} RUSSELL 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov 13 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 17 hr. min.

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

10. Usual occupation N/A

11. Industry or business.....

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Brown
(b) Address 5414 Delmar
17. (a) Burial (b) Date thereof 11/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambrose
(b) Address 4234 Manchester

19. (a) NOV 1 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1943 hour 12 minute 25 P.M.

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

Immediate cause of death Myocardial infarction Duration
Secondary left branch
blockage of left coronary artery
developed last days when she
fell in the kitchen
at 5451 Delmar Boulevard
about 5:25 pm Sept 9
1943

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) Accident
(b) Date of occurrence Sept 7 1943
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work?..... (Specify type of place)
(e) Means of injury Fall

23. Signature Thomas F. Callaway
Address Deputy Registrar

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.....

Glenn Eymek

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

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.