

FILED DEC 13 1943
Registration District No. 518

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 4 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 1213a Jones
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo V. Russell

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C.S. Russell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14, 1914.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 1 15 hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name James David Clark
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Frances
15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant C.S. Russell

(b) Address 1213 Jones Street.

17. (a) Removal (b) Date thereof 12/2/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Arkansas.

18. (a) Signature of funeral director C.W. Roberts

(b) Address 3035 Duquesne Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29,
year 1943 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from November
20, 1943, to November 29, 1943
that I last saw her alive on November 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess from Duration 1 week
Streptococcus infec
tion

Due to _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature H.A. Evers (M. D. or other) _____
Address 3601 Whittier Date signed 12/2/43

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..... *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address..... *St Louis 13. 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.