

RECORDED FEB 1 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes 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

3. (a) PRINT FULL NAME Harvey Russell

3. (b) If veteran, name war. None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 5 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>9</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name Isiah Russell

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susie Hickcox

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Russell

(b) Address 5370 Delmar Blvd.

17. (a) Burial (b) Date thereof 1-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 24 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4631 Cote Brillante
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1944 hour 10:55 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 _____

Chronic Hypertrophie Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature Dr. Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 1-24-44

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.....

Albert G. Slope

..... Licensed Embalmer No.....

2971

..... 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.