

Registration District No. **512**

Primary Registration District No. **1003**

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

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:
DePaul 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, Mo. (b) County, St. Louis
 (c) City or town, Shrewsbury
(If outside city or town limits, write "RURAL")
 (d) Street No., 1512 Nottingham
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME RUSSELL, MARY VIRGINIA

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

4. Sex Fem **5. Color or** Wh **6. (a) Single, widowed, married,** divorced
6. (b) Name of husband or wife Joseph J. Russell **6. (c) Age of husband or wife if** 29
 alive..... years

7. Birth date of deceased March 12 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 20 If less than one day
 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name William F. Aton

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

14. Maiden name Mollie Graves

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

16. (a) Informant Charles Russell (son)

(b) Address 1512 Nottingham Ave.

17. (a) Burial Calvary Cemetery **(b) Date thereof** May 5 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Michael Croghan Sr

18. (a) Signature of funeral director.....

(b) Address 7146 Manchester Rd.

19. (a) Date received local registrar MAY 15 1944 **(b) Registrar's signature** J. F. Credent

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 15 '44
 to March 29 '44
 that I last saw her alive on March 29, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion

Due to.....
Coronary Arteriosclerosis

Due to.....
9/4

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

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?..... (Specify type of place) (e) Means of injury.....

23. Signature Dr. J. F. Credent (M. D. or other) MD
 Address 461 Humboldt Bldg. Date signed 5/4/44

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *John Agonochi*.....

Licensed Embalmer No. *3398*.....

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.

E. No. 2B
03-4-25-41
VI X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4161

Registration District No. 318 Primary Registration District No. 1003

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: _____
(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 Mary Virginia Russell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Charles Russell (son)

(b) Address (7512) Nottingham Ave.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) 5-29-44 (b) J F Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town (7512) Nottingham
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 2nd
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Aug. 15th
(1943) 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 _____
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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

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