

S. No. 2  
M-5-43  
7. 5-17-39  
P I X36871

FILED OCT 6 1944

318

1003

State File No.

Registrar's No.

8400

Registration District No. Primary Registration District No.

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 8 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Russell Blair

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 27th, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>3</u>	hr. min.

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

10. Usual occupation Attorney

11. Industry or business

12. Name Harlin Blair

13. Birthplace Clay County Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Hood

15. Birthplace Clay County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Blair

(b) Address Terre Haute Indiana

17. (a) Removal (b) Date thereof 10-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazil Indiana

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

(b) Address 4700 Washington Ave

19. (a) 10-2-44 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vigo

(c) City or town Terre Haute  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30  
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 22, 1944 to Sept. 30, 1944  
that I last saw him alive on Sept. 30, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 5 months of death) \_\_\_\_\_

Major causes of operations: Bronchial Pneumonia

Of autopsy as above

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)

(2) Means of injury \_\_\_\_\_

23. Signature F. R. Bradley (M. D. certificate)  
Address Barnes Hospital, Date signed 9/20/44

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

8400

8400

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**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 Agnoski*

..... 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.**