S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29876

FILED OCT 6 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8368

1. PLACE OF DEATH:

(a) County

(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 6 days 0 (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 17 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1412a Cass
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Newton Russell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Mary Russell

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

7. Birth date of deceased (Month) (Day) (Year) 1875

8. AGE: Years 69 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Russell
(b) Address 1412 Cass

17. (a) ~~Oak Dale~~ (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cem

18. (a) Signature of funeral director Alva Dacles
(b) Address 3506 Franklin

19. (a) OCT 2 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28, year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 22, 1944 to September 28, 1944; that I last saw him alive on September 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 9/30/44

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson

Licensed Embalmer No. 352 [illegible]

P. O. Address 3506 Franklin

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.