. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19164

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 7008 Registrar's No. 5602

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ~~None~~ 3018 Clark. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 10 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County None
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3018 Clark Ave.
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Walter Russell
3. (b) If veteran, name war None
3. (c) Social Security No. 723-18-2795
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased July (Month) 2 (Day) 1917 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 27 | 11 | 23 | hr. min. |

9. Birthplace Cottonplant, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business None

FATHER
12. Name Charles Russell
13. Birthplace Cottonplant, Ark. (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Olo Williams
(b) Address 3446 Lawn ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director C. J. Nash
(b) Address 4111 Ashland Ave. St. Louis
19. (a) JUN 28 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25, year 1945 hour ~~7:30~~ 10 minute 30 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 Cerebrovascular Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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
23. Signature Arthur E. Taylor (M. D. or other)
Address Date signed

(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 ..... O. J. Nash

Licensed Embalmer No. 2432

P. O. Address 1117 N. 13th St.

**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.**