S. No. 2
M—5-43
v. 5-17-39
1 X36671

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. 18850

FILED MAY 16 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4066

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: Booth MEMORIAL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. ~~Booth MEMORIAL Hospital~~ 4115 a Blaine ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MICHAEL R RUSSELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 10 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days ~~22~~ 24 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

FATHER 12. Name FRANK RUSSELL

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

MOTHER 14. Maiden name JANET FITZPATRICK

15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Frank Russell

(b) Address 4115 A BLAINE AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 4-46 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmitt

(b) Address 3125 Lafayette Av

19. (a) MAY 4 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 3 minute ~~a.m.~~ p.m.

21. I hereby certify that I attended the deceased from Apr 10 1946, 19..., to May 3 1946 that I last saw h. ~~alive~~ alive on May 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Meningitis (Direct infection)

Due to Septicemia Bacillus Streptococcus Pyogenes

Due to infection at birth

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

23. Signature T. C. Pelle (M. D. ~~or other~~)

Address 2554 No Flaussant Date signed 5/4/46

(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 Jos B. Wollman

Licensed Embalmer No. 4614

P. O. Address St Louis Mo

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.