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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

34845

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3074

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 9-18-46
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5515 Gresham (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME

SEPT, Russell R.

3. (b) If veteran, name war WW-II

3. (c) Social Security No. 496 18 8624

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 January 4 1923
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business _____

12. Name Mr. Arthur Sept

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

14. Maiden name unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 10/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J.L. Ziegenhein Funeral

(b) Address Home, St. Louis, Missouri

19. (a) 10-19-46 (Date received local Registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day: 15
year 1946 hour 10:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1946
to Oct. 15, 1946

that I last saw him alive on October 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death MALIGNANT MELANOSIS Duration UNK.

Due to 53.

Due to _____

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

Major findings: EXCISION OF TUMORS, BACK OF NECK, September 20, 1946.

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) No

(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) Means of injury 0

23. Signature E. E. STILWELL, M. D. (M. D. or other) 0

Address Vet. Adm. Hosp., Jeff. Bks. Mo. Date signed 10-15-46

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

MOTHER FATHER

JAN 3 1945

DEC 18 1945

NOV 22 1945

NOV 22 1945

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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

Overland 14

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.