

No. 2  
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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 4 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **34869**  
Registrar's No. **3191**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri**  
(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 9-20-46**  
(Specify whether  
In this community **1 1/2 Years**  
years, months or days)

3. (a) PRINT FULL NAME **VERMILLION, Russell T.**  
3. (b) If veteran, name war **World I**  
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lucy**  
6. (c) Age of husband or wife if alive **44** years  
7. Birth date of deceased **Sept. 16, 1892**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **1** Days **14**  
If less than one day hr. min.

9. Birthplace **Higginville, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired - train Dispatcher**

11. Industry or business  
12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.,**  
(b) Address **Jefferson Barracks, Missouri**  
17. (a) **Removal** (Burial, cremation; or removal) (b) Date thereof **Oct. 30-46**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Higginville, Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U & L Co.**  
(b) Address **St. Louis, Missouri 7814 S. Broadway**  
19. (a) **10-30-46** (Date received local registrar) (b) **Paul J. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **12**  
(c) City or town **Louisiana** (If outside city or town limits, write "RURAL") **2**  
(d) Street No. **None** (If rural, give location) **1**  
(e) Citizen of foreign country? **no** (Yes or No) **1**  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **30,**  
year **1946** hour **10:38** minute **A** M.  
21. I hereby certify that I attended the deceased from  
**Sept. 20,** 19 **46** to **October 30,** 19 **46**  
that I last saw him alive on **October 30,** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**CEREBRAL HEMORRHAGE WITH LEFT HEMI PLEGIA**  
Due to **940**  
Duration **UNK**

Other conditions **CORONARY ARTERIOSCLEROTIC HEART DISEASE** **UNK**  
(Specify emergency within 3 months of death)  
Major findings: **No Operation** **PHYSICIAN**  
Of operations  
Of autopsy **No Autopsy**  
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)  
**L. E. Stilwell**  
23. Signature **L. E. STILWELL, M.D.,** (M. D. or other) **10-30-46**  
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed

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

SEP 20 1942

SEP 20 1942

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.