

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED JUN 13 1947 318

1003

Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Barnes Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

3. (a) PRINT FULL NAME Odus Arthur Russell

3. (b) If veteran, name war World War #1

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 Ruby Russell

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased October 5 1895  
(Month) (Day) (Year)

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

51 7 26 hr. min.

9. Birthplace Carbon Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Driller

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name David H. Russell

13. Birthplace Coryell County Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Puett

15. Birthplace Maffatt Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Russell

(b) Address 120 North 6th, Mt. Vernon, Ill

17. (a) Removal (b) Date thereof 6/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duncan, Oklahoma

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 2 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 5478

(a) State Illinois (b) County Jefferson

(c) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL")

(d) Street No. 120 North 6th Street.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4-28  
1947 to 6-1, 1947,  
that I last saw h. l. m. alive on 6-1-47, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death hepatitis, acute

Due to undetermined cause

Due to \_\_\_\_\_

Other conditions Cerebrasis of the liver  
(Include pregnancy within 3 months of death)

Major findings: 124

! Of operations \_\_\_\_\_

Of autopsy as above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bredbeck (M. D. another)

Address Barnes Hospital Date signed 6-2-47

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

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**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.....

*Newey M. Brammer*

Licensed Embalmer No. ....

*4200*

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.**