M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40397

Primary Registration District No. 3063

Registrar's No. 2351

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 7 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn.
(If outside city or town limits, write "RURAL")
(d) Street No. 4116 Ravenwood
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Sue Russell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 9 (Day) 28 (Year)

8. AGE: Years 18 Months 11 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation order clerk
11. Industry or business Rice Stix

FATHER
12. Name Alfred Russell
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Theresa Scanlon
15. Birthplace St Louis Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Russell
(b) Address 4116 Ravenwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge
19. (a) 11-17-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 47 hour 9 minute 20 p.M.
21. I hereby certify that I attended the deceased from 11-5-47, 19, to 11-6-, 1947;
that I last saw her alive on 11-6-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Arsenic Poisoning	36 hrs
Due to —	
Due to — 1630	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy Gross examination bears out original diagnosis

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov 4, 1947
(c) Where did injury occur Pine Lawn (City or town) St Louis Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work (e) Means of injury Poison
23. Signature R. L. Herdener (M. D. or other)
Address 601 Brentwood Blvd Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK PERMANENT RECORD

CLOSED NOV 22 1947

DEC 15 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County 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: Missouri (b) County: St. Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No.: 4116 Ravenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Russell
3. (b) If veteran, name war: -
3. (c) Social Security No.:
4. Sex: Female
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: November (Month) 9 (Day) 1928 (Year)

8. AGE: Years 18 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Dry Goods

FATHER
12. Name: Alfred Russell
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Theresa Scanlon
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Alfred Russell
(b) Address: 4116 Ravenwood Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/10/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1947 hour 9 minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

40397

DEC 15 1947

NOV 24 1947

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 Ben Hoffmann

Licensed Embalmer No. 4366

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2350

On this 5th day of December, 1947, before me appears Russell L. Herdener, M.D., who, upon his oath, states that the original record of ~~birth~~ death for Margaret Sue Russell died ~~born~~ Nov. 6, 1947 in the State of Missouri, and which was filed at St. Louis County on Nov. 7, 1947, should be corrected as follows:

Item No. 22-A should read Accident
Instead of Suicide

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Russell L Herdener M.D.
Relationship.

601 Brentwood Blvd.
Present Address.

Subscribed and sworn to before me this 5th day of December, 1947.

My Commission expires February 11, 1949 Russell E. Schmidt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
I X36667

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