No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43453
11333

FILED DEC 22 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96

(c) City ~~or town~~ MAPLEWOOD MO. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2252 YALE AV. 3
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LINDA KAY RUSSELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE. 1

5. Color or race W.

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 NOV (Month) 6 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 6

10. Usual occupation INFANT

11. Industry or business

FATHER
12. Name FRANK RUSSELL 1
13. Birthplace SABETHA, KANSAS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JANET FITZPATRICK
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

16. (a) Informant Frank Russell
(b) Address 2252 Yale av

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof DEC 12-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) DEC 11 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 6, 1947 to Dec 11, 1947
that I last saw her alive on Dec 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Meningeal Infection 1 mo.

Due to Spina Bifida N. Congenital

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature J. D. Pahl (M. D. ~~or other~~)

Address 9505 W. Florissant Date signed 12/11/47

Jefferson City Printing Co.

(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.....No Embalming.....

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.