FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21615
5177

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2625 a Dickson St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ---
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 27 - 2625a Dickson St.

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) c. (Last) Russum
4. DATE OF DEATH (Month) (Day) (Year): 6 - 11 - 1949
5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 11 - 24 - 1893
9. AGE (In years last birthday): 55 — If under 1 year: Months 7, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cary Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Marshall Russum
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Maude Russum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 492-07-2390
17. INFORMANT'S SIGNATURE OR NAME: Maude Russum, 2625a Dickson St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with congestive heart failure.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ------
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---------
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ------

22. *I hereby certify that I attended the deceased from* June 7, *19* 49 *to* June 11, *19*49, *that I last saw the deceased alive on* June 10, *19* 49, *and that death occurred at* 10:45 *a.m.,* *from the causes and on the date stated above.*

23a. SIGNATURE: Monroe H. Little MD (Degree or title)
23b. ADDRESS: 3167 Sheridan
23c. DATE SIGNED: 6-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-1949
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE RECD. BY LOCAL REGISTRAR: JUN 14 1949
REGISTRAR'S SIGNATURE: J. B. Lasata
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ellis Funeral Home, 2820 Stoddard St.

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13, M

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

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