

FILED DEC 6. 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39670**

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3067	Registrar's No. 4432
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give town) LADUE		c. CITY (If outside corporate limits, write RURAL and give township) LADUE		
c. LENGTH OF STAY (In this place) years.		d. STREET ADDRESS (If rural, give location) # 52 HUNTLEIGH WOODS.		
d. FULL NAME OF HOSPITAL OR INSTITUTION # 52 HUNTLEIGH WOODS.				
3. NAME OF DECEASED a. (First) CHARLES		b. (Middle) LITTLE		c. (Last) RUSSELL.
4. DATE OF DEATH (Month) (Day) (Year) Nov 16, 1949.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH January 27, 1891/	9. AGE (In years last birthday) 58.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of American Bakery Machine Co.		10b. KIND OF BUSINESS OR INDUSTRY Bakery Machine Co.	11. BIRTHPLACE (State or foreign country) Chicago, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Edwin Gilmore Russell.		13b. MOTHER'S MAIDEN NAME Mina Valpey.	14. NAME OF HUSBAND OR WIFE Jessie Stockstrom Russell.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.		16. SOCIAL SECURITY NO. (If you give year or dates of service) W. W. 1. 492-03-0424.	17. INFORMANT'S SIGNATURE OR NAME Edwin G. Russell. ADDRESS #52 Huntleigh Woods.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		?
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 12, 1949 , to Nov 16 , 1949, that I last saw the deceased alive on Nov 16 , 1949, and that death occurred at 11:45 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Harvill B Grant		23b. ADDRESS 114 N. Taylor Ave		23c. DATE SIGNED Nov 17 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.	24b. DATE 11/18/49.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,	
DATE REC'D BY LOCAL REG. 11-17-49	REGISTRAR'S SIGNATURE Herbert H. Womack M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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

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