

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11029
2793
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11029 2793				
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			2049			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6822 Wise Avenue				d. STREET ADDRESS (If rural, give location) 6822 Wise Avenue 200						
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) Millard		c. (Last) Russell		4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 10, 1856		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 12	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 1942 Factory Worker			10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.		11. BIRTHPLACE (State or foreign country) Fredericktown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph N. Pharr Russell			13b. MOTHER'S MAIDEN NAME Cornelia Jackson			14. NAME OF HUSBAND OR WIFE Margaret Milne Russell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 498-09-5780		17. INFORMANT'S SIGNATURE OR NAME Waldo M. Russell, 6822 Wise Avenue				ADDRESS		
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic Atrophic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Senile changes. DUE TO (c) Injuries sustained when struck by automobile Dec 27-1949 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 88124 24		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000				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.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo						
21d. TIME OF INJURY 12-27-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by automobile						
22. I hereby certify that I attended the deceased from 12-27-49, to 3-22-50, that I last saw the deceased alive on 3-22-50, 1950, and that death occurred at 1:00 am., from the causes and on the date stated above.										
23a. SIGNATURE Paul Vinogradov, (Degree or title) M. D.				23b. ADDRESS 3718 Olive St St Louis Mo		23c. DATE SIGNED 3-22-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-50	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri					
DATE REC'D BY LOCAL REG. MAR 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd.					

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 _____

Ernest W. Gillers

Licensed Embalmer No. *4080*

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.