

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14949

State File No. 3712
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		b. COUNTY					
c. LENGTH OF STAY (In this place) 5 days				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		University City 4326					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS 6723 Crest		(If rural, give location) /					
3. NAME OF DECEASED (Type or Print) Delta			a. (First)			b. (Middle)			c. (Last) Russell		
4. DATE OF DEATH (Month) (Day) (Year) April 22, 1950			5. SEX F.			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		
8. DATE OF BIRTH June 10, 1904			9. AGE (In years last birthday) 45			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Okawville, Ills.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Okawville, Ills.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Jacob Heberer			13b. MOTHER'S MAIDEN NAME Viola Zetzsche			14. NAME OF HUSBAND OR WIFE Clifford Russell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Clifford Russell, 6723 Crest			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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus 20 yrs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>15 yrs</u>		
19a. DATE OF OPERATION <u>None</u>			19b. MAJOR FINDINGS OF OPERATION						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)			331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>15 APR 1950</u> , to <u>22 APR 1950</u> , that I last saw the deceased alive on <u>2 APR 1950</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Richard Jones M.D.</u>					23b. ADDRESS <u>3720 Washington St. Louis</u>			23c. DATE SIGNED <u>22 APR 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE <u>4-25-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>APR 24</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Louis, Inc.</u>			ADDRESS <u>6175 Delmar</u>			

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

375

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Gustav W. Dietrich*

Signed.....
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.