

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15369

State File No. _____

FILED MAY 5 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1064

4000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2-USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsdale</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsdale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6220 Bailey Place</u>		d. STREET ADDRESS (If rural, give location) <u>6220 Bailey Place</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARION</u>	b. (Middle) <u>RUSSELL</u>	c. (Last) <u>CLINE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb'y 10, 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Frank D. Russell</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Ivers</u>	14. NAME OF HUSBAND OR WIFE <u>Randall E. Cline</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Randall E. Cline, 6220 Bailey Place</u>	ADDRESS <u>6220 Bailey Place</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death?	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic cancer</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Primary unknown</u>		
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. <u>Rheumatic heart dis. mitral stenosis</u>		<u>25 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1998</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>St. Louis, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 25, 1927, to April 4, 1950, that I last saw the deceased alive on April 4, 1950 and that death occurred at 12:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Grace E. Berger, M.D.</u>	23b. ADDRESS <u>117 W. Taylor Ave</u>	23c. DATE SIGNED <u>4/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-25-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dumble</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>	ADDRESS <u>1167 Hamilton Ave</u>
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... MAY 7 1951 ...

Dr. Grant W.
Dr. Benjamin
114 N. Taylor

MAY 16 1950

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.....
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.