No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28614

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7391

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

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): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 4377
d. STREET ADDRESS (If rural, give location): 28 S Maple

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): Maud
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): 8-28-1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-19-1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Waterloo Ohio
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Charles Messman
13b. MOTHER'S MAIDEN NAME: Louisa Cooper
14. NAME OF HUSBAND OR WIFE: Rufus G Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S SIGNATURE OR NAME: Roy E Russell 28 S Maple — 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): Lympho Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo

ANTECEDENT CAUSES: retro peritoneal -

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. Chronic Cholecystitis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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? 1/1/81

22. *I hereby certify that I attended the deceased from* March, 1950, *to* August 28 1950, *that I last saw the deceased alive on* 8/28, 1950, *and that death occurred at* 12:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Goodrich
23b. ADDRESS: 19 E Lockwood ave Webster Groves Mo
23c. DATE SIGNED: 8/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-30-1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood Mo.

DATE REC'D BY LOCAL REG.: AUG 30 1950
REGISTRAR'S SIGNATURE: J. B. Sarath
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich Funeral Home — ADDRESS: Web Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 9 1980

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.