

No. 300
10-48

MAR 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. **10839**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **708**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY ST. LOUIS,	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY	a. STATE MISSOURI	b. COUNTY ST. LOUIS,
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6839 RAYMOND AVE		d. STREET ADDRESS (If rural, give location) 6839 RAYMOND AVE	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MICHAEL	b. (Middle) J.	c. (Last) RUSSELL	MARCH 17, 1952		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
MALE	WHITE	MARRIED	11/25/1876	77	Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
RETIRED EMPLOYEE		UNION ELECTRIC		IRELAND	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
JAMES RUSSELL			MARGARET FITZGIBBONS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
NO			#		
14. NAME OF HUSBAND OR WIFE			17. INFORMANT'S SIGNATURE OR NAME		
ELLEN DALY RUSSELL			ELLEN DALY RUSSELL 6839 RAYMOND AVE		
12. CITIZEN OF WHAT COUNTRY?			12. CITIZEN OF WHAT COUNTRY?		
U.S.A.			U.S.A.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c):		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES			1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
		4201			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 Mar. 16, 1952, to Mar. 17, 1952, that I last saw the deceased alive on Mar. 16, 1952, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
Edwin P. Meiners M.D.		6651 Enright Ave.		3-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
BURIAL		3/20/1952		CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE			
ST. LOUIS MISSOURI		Herbert R. Donke MD			
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S ADDRESS			
3-17-52		STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

SW (Licensed Embalmer's Statement on Reverse Side)

1-3-
66 V.I. Burroughs

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 Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

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.