

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7105**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **386**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. CITY OR TOWN Kinloch, Mo. 4091	
c. LENGTH OF STAY (in this place) 19 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) Lix & Warwick	

3. NAME OF DECEASED (Type or Print) a. (First) SAM b. (Middle) RUSSELL c. (Last) RUSSELL			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9th, 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 3-15-72		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Nat Russell		13b. MOTHER'S MAIDEN NAME Millie Jacobs		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME St. Louis County Hospital ADDRESS Clayton	

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) Cardiac Failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. Arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subcapital Fracture - Left Femur DUE TO (c)			

19a. DATE OF OPERATION 1-23-54		19b. MAJOR FINDINGS OF OPERATION Subcapital Fr - Left Femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> E9035	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KINLOCH, ST. LOUIS MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 20, 1954 7pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped AND FELL ON SIDE WALK	

22. I hereby certify that I attended the deceased from Jan. 21, 1954, to Feb. 9, 1954, that I last saw the deceased alive on Feb. 9, 1954, and that death occurred at 6:05pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald E. Hoffmann M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 2-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) ANATOMICAL		24b. DATE 2-14-54		24c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD	
24d. LOCATION (City, town, or county) (State) St. Louis MO.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Domb ADDRESS 4004 Manchester			
DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE Herbert R. Domb			

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.....
Signature of Student Embalmer

Signed..... *No embalmer*

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.