

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42774

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10816**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 2129		
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St Louis		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 Northrup Philip Hosp			e. STREET ADDRESS (If rural, give location) 4629 Washington		
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) McAdlock c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1954		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 19 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid		10b. KIND OF BUSINESS OR INDUSTRY Home Work	11. BIRTHPLACE (City and State or Foreign Country) Sardis Mississippi		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Dave McAdlock		13b. MOTHER'S MAIDEN NAME Rose Lee Stokes	14. NAME OF HUSBAND OR WIFE Joe Lee Russell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 410-326742	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Davis Brown 4629 Walnut			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gas embolism, contrib- Hemorrhage from giant DUE TO uterine myomata				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 214X	
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"/>	22. I hereby certify that I, attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:29 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Satriot E. Taylor, Coroner (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/27/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 27 Nov 54	24c. NAME OF CEMETERY OR CREMATORY Mountolia Miss	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. NOV 27 1954	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Reubler, 1221 N. Taylor		

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 *Paul V. Freeman*

Licensed Embalmer No. *4686*

P. O. Address *4729 Hemm*

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.