

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13842  
State File No. ....  
3221  
Registrar's No. ....

FILED APR 28 1955

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>4 wks</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>5 5883 Enright Avenue 205/0</b>			
3. NAME OF DECEASED (Type or Print) <b>Susie</b>		a. (First) _____		b. (Middle) <b>B.</b>		c. (Last) <b>Russell</b>	
4. DATE OF DEATH <b>April 19, 1955</b>		Month _____ Day _____ Year _____		8. DATE OF BIRTH <b>4 - 17 - 1880</b>		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
5. SEX <b>Fem</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pattonville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Edward J. Pitts</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Quisenberry</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Russell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-24-7816A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Elmer J. Pitts, 2844 Wismer Rd.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Chronic myelogenous leukemia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____							
ANTECEDENT CAUSES *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. <b>Diabetes mellitus</b> 25 years							
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>204.1</b>			
22. I hereby certify that I attended the deceased from <b>March 21, 1955</b> , to <b>April 9, 1955</b> , that I last saw the deceased alive on <b>April 9, 1955</b> , and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>FR Bradley</b>				23b. ADDRESS <b>M. D. BARNES HOSPITAL</b>		23c. DATE SIGNED <b>4/9/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/12/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 11 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Albert R. Thompson*

Licensed Embalmer No. *4237*

P. O. Address.....  
*St. Louis*

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.