

FILED MAR 26 1956

THE DIVISION OF DEATHS
STANDARD CERTIFICATE OF DEATH

11951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 621

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bellefontaine Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bellefontaine Heights</u>	
c. LENGTH OF STAY (to this place) <u>3 months, 1 day</u>		d. STREET ADDRESS (If rural, give location) <u>10695 Bellefontaine Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>RUSSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 10, 1948</u>		9. AGE (In years last birthday) <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Benjamin S. Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hoyt McCloskey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. L. St. Tr. School</u> ADDRESS <u>10695 Bellefontaine Rd</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status epilepticus</u>			
		ANTECEDENT CAUSES			
		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		since birth	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Retardation</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3532</u>		20. AUTOPSY? YES <input 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) m.		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 Nov. 1, 1955, to March 2, 1956, that I last saw the deceased alive on March 2, 1956, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Dwyer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>10695 Bellefontaine Rd St. Louis</u>		23c. DATE SIGNED <u>3/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-5-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hills Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks Peterson</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>3-6-56</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lombard</u>			

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.....
Student Embalmer

Signed *Murphy L. Lumb*
Licensed Embalmer No. *4758*
P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.