

FILED JUN 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 22092

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5755

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 2 days
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy 41841

d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess
d. STREET ADDRESS (If rural, give location) 2801 Clearview Drive

3. NAME OF DECEASED (Type or Print) a. (First) GERALDINE b. (Middle) c. (Last) Russell.
4. DATE OF DEATH (Month) (Day) (Year) June 15, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH June 13, 1956
9. AGE (In years) (Months) (Days) (Hours) (Min.) 1 18 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Eugene Russell
13b. MOTHER'S MAIDEN NAME Elinar Devore
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS 2801 Clearview Dr Normandy, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane disease.
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 527.2
20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1956 to June 15, 1956, that I last saw the deceased alive on June 15, 1956, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. N. McEwen M.D.
23b. ADDRESS 7803 A Clayton
23c. DATE SIGNED 6-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/18/56
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUN 18 1956
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.

(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
Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No. 3534

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