

FILED JUL 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 25235

318

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6123

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 23 2334 Russell Blvd. 22370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3624 N. 14th Street				d. STREET ADDRESS (If rural, give location) 23 2334 Russell Blvd. 22370			
3. NAME OF DECEASED (Type or Print) a. (First) Horace b. (Middle) E. c. (Last) Russell			4. DATE OF DEATH (Month) (Day) (Year) 6/25/56				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 6, 1896	
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto Parts		11. BIRTHPLACE (State or foreign country) Canton Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Russell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pauline C. Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I 488030735		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Russell 2334 Russell Av.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease with failure. 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.				INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4209				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 3/30 , 19 55 , to 6/25 , 19 56 , that I last saw the deceased alive on June 16 , 19 56 , and that death occurred at 8:00 PM from the cause and on the date stated above.							
23. SIGNATURE (Degree or title) Thomas Parker M.D.				23b. ADDRESS 4665 Hwy 100 Phoenix, Ariz		23c. DATE SIGNED 6/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/29/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Normandy Missouri	
DATE REC'D BY LOCAL REG. JUN 29 1956		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lawrence Mullen & Sons 5165 Delmar.			

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 *(Signature)*

Licensed Embalmer No. *3360*

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