

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6583

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1405**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1270 245 No UNION Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First REUBEN Middle JAMES Last RUSSELL			4. DATE OF DEATH Month FEB. Day 11 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24 - 1876
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 8 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VILE PRES.		10b. KIND OF BUSINESS OR INDUSTRY CENTURY ELECTRA	11. BIRTHPLACE (City and state or country) ROYAL OAK - MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME REUBEN A. RUSSELL	
14. MOTHER'S MAIDEN NAME CYRTHIA ADELE FORD		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. 493-09-2139		17. INFORMANT Address RUSSELL H. JACK 835 Pine Tree LAKE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERFORATED VISCUS			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUODENAL ULCER DUE TO (b) 541.1 DUE TO (c)			SEV. YR.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) DIABETES MELLITUS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from FEB. 5, 1957 to FEB. 11, 1957 and last saw her/him alive on FEB. 11, 1957 Death occurred at 8:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Vermillion, M.D.</i> (Degree or title)		22b. ADDRESS M. D. BARNES HOSPITAL	22c. DATE SIGNED 2/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-14-1957	23c. NAME OF CEMETERY OR CREMATORY ORX HILL CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MISSOURI
24. FUNERAL DIRECTOR E. R. Lupton & Sons ADDRESS 7252 DELMAR		25. DATE RECD. BY LOCAL REG. FEB 13 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i> MS

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clara A. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.