No. 300
10.48

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6584

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1501

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 426 E Marceau Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 426 E Marceau Street

3. NAME OF DECEASED (Type or Print)
a. (First): Serena
b. (Middle): Catherine
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): Feb 11 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed

8. DATE OF BIRTH: Nov 12 1870

9. AGE (In years last birthday): 86
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): St Genevieve, Mo.

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Joseph Patterson

13b. MOTHER'S MAIDEN NAME: Hester Smith

14. NAME OF HUSBAND OR WIFE: James W. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Earl Russell 426 E Marceau Street

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hemorrhage from Stomach — INTERVAL BETWEEN ONSET AND DEATH: Feb 7, 1957

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Neoplasm of stomach — 5 months

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart disease — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151X

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 OF INJURY (Month) (Day) (Year) (Hour) m.

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* Jan 11, 1947, *to* Feb 11, 1957, *that I last saw the deceased alive on* Feb 10, 1957, *and that death occurred at* 10.10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leroy E. Ellison MD

23b. ADDRESS: 3610 So Broadway, St Louis Mo

23c. DATE SIGNED: Feb 13, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 2/14/57

24c. NAME OF CEMETERY OR CREMATORY: St Matthews Cemetery

24d. LOCATION (City, town, or county) (State): St Louis Missouri

DATE REC'D BY LOCAL REG.: FEB 14 '57

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Moydell Funeral Home 1926 Allen Av

M.J.B. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed George J Sobodal Jr

Licensed Embalmer No. 4899

P. O. Address 1926 Alle

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