

STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1957

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3731

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes [] No [] STREET ADDRESS (If rural, give location) Homer G. Phillips Hospital 2067 1325 Temple Street

3. NAME OF DECEASED a. (First) Robert b. (Middle) Russell c. (Last) Russell 4. DATE OF DEATH (Month) (Day) (Year) April 16, 1957

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 7/28, 1897 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 8 Days 18 IF UNDER 60 HRS. Hours Min.

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

13a. FATHER'S NAME Jack Russell 13b. MOTHER'S MAIDEN NAME Mattie Lewis 14. NAME OF HUSBAND OR WIFE Josephene Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. W.W. I 425-03-400 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephene Russell 1325 Temple

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart (Hypertrophy) INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Depres Sclerosis (Kidney) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Generalized Arterio Sclerosis 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 442x 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor Carter 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 4.18.57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4/22/57 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. APR 18 '57 REGISTRAR'S SIGNATURE Registrar's Signature 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1221 N. Grand Blvd.

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

Paul Smith m86

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 Clarence Groves

Licensed Embalmer No. 77

P. O. Address 1221 N. 1st

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.