

No. 300
10.48

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26521**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5801**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (in this place) 3 days | c. CITY OR TOWN University City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | STREET ADDRESS (If rural, give location) 27 6839 Raymond | |

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|-------------------------------------|--------------------------|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) NELLIE | b. (Middle) | c. (Last) RUSSELL | 4. DATE OF DEATH (Month) (Day) (Year) June 21, 1957 |
|-------------------------------------|--------------------------|-------------|--------------------------|---|

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|-------------------------|----------------------------------|--|--|---|------------------------|----------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 15, 1887 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | Min. |
|-------------------------|----------------------------------|--|--|---|------------------------|----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Homemaker | 11. BIRTHPLACE (City and State or Foreign Country) Ireland | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|--|---|
| 13a. FATHER'S NAME Patrick Daly | 13b. MOTHER'S MAIDEN NAME Margaret Russell | 14. NAME OF HUSBAND OR WIFE Michael Russell |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Margaret Russell | ADDRESS 6839 Raymond |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH acute |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary atherosclerotic heart disease 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. 420.0 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **Nov. 1, 1944** to **June 20, 1957**, that I last saw the deceased alive on **June 20, 1957**, and that death occurred at **2:30 AM.**, from the causes and on the date stated above.

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| 23a. SIGNATURE D. B. Flavan | M. D. (Degree or Title) M.D. | 23b. ADDRESS 539 N. Grand St. | 23c. DATE SIGNED 6/21/57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 24, 1957 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| DATE REC'D BY LOCAL REG. JUN 21 '57 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Pullen Kelly | ADDRESS 7267 Natural Bridge |
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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
Signature of Student Embalmer

Signed *James A. Lemmer*

Licensed Embalmer No. *414*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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