Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031315
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2097

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 719 Fairview — Length of stay in 1b YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN WEBSTER GROVES 4577 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 719 FAIRVIEW — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ROLAND Middle JAMES Last RUSSELL Sr
4. DATE OF DEATH Month August Day 10th Year 1958
5. SEX Male 6
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 12-1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 0 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE BUSINESS
10b. KIND OF BUSINESS OR INDUSTRY PRODUCE
11. BIRTHPLACE (City and state or country) WAUPACA WISCONSIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES H. RUSSELL
13b. MOTHER'S MAIDEN NAME ADDIE M. CHAMBERLAIN
14. NAME OF HUSBAND OR WIFE KATHRYN RUSSELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 444-03-7453
17. INFORMANT KATHRYN RUSSELL Address 719 FAIRVIEW

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7954
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert R. Domke M.D. (Official Title) Herbert R. Domke, M.D. Local Registrar St. Louis County Hospital
22b. ADDRESS 8351 Brentwood, Clayton, Mo.
22c. DATE SIGNED 8/20/1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-13-58
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR C. R. LUPTON & SONS ADDRESS 7233 DELMAR BLVD.
25. DATE RECD. BY LOCAL REG. 8-11-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

St. Louis County Hospital

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 Arnold W. Schoes

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.