

XC 20433406
SL 15374

Item #8#9

THE DIVISION OF HEALTH OF MISSOURI

Corrected
by affidavit
Funeral Director 5-6-59
Registration District No. Primary Registration District No.

59-019582
STATE FILE NUMBER
2 4344
Registrar's No.

FILED MAY 18 1959

300
1-57
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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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 4430A PAGE	
Length of stay in lb 2 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last BRANCH L. RUSSELL			4. DATE OF DEATH Month Day Year MAY 1, 1959
5. SEX MALE 1	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. AGE (In years) 63 9. UNDER 1 YEAR Months Days 10. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) RECREATION DIRECTOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) S. BOSTON, VA.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME PAUL RUSSELL	
13b. MOTHER'S MAIDEN NAME VIRGINIA SQUIRES		14. NAME OF HUSBAND OR WIFE LUVENIA RUSSELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) YES WW I		16. SOCIAL SECURITY NO. 492099001	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR HEMORRHAGE, LEFT DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 22/18 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS - -
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" 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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Death occurred at 5:15 A.M. on 4/29/59 to 5/1/59 and last saw him alive on 5/1/59		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) A. MARTIN LEHRER, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 5/1/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/5/59	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. MAY 4 '59	
		26. REGISTRAR'S SIGNATURE Karl Smith, M.D. K.S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Edward A. Flynn*.....

Licensed Embalmer No. 4444.....

P. O. Address 4202 Finney Ave.

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.