Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019824
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1325

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: University City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8656 W. Kingsbury — Length of stay in 1b: years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City 4376 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8656 W. Kingsbury — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ray Middle: Elias Last: Russell
4. DATE OF DEATH: Month May Day 12, Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 4, 1878
9. AGE (In years last birthday): 80 — 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): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (City and state or country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Elias B. Russell
13b. MOTHER'S MAIDEN NAME: Rosella Mooney
14. NAME OF HUSBAND OR WIFE: Mary Russell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-36-4373
17. INFORMANT: Mary Russell Address: 8656 W. Kingsbury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asthma of Lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 Jan 3 1959 to May 12-59 and last saw her him alive on May 12-59
Death occurred at 6:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: O. McClanahan (Degree or title) MD
22b. ADDRESS: 1825 Ashby
22c. DATE SIGNED: May 12 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-15-1959
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Ev. Cemetery
23d. LOCATION (City, town, or county) (State): Olivette, Missouri
24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS: 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG.: 5-14-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be taken. 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 David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Fairland, Ind.

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.