

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030755

FILED VS SEP 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7778** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Length of stay in 1b		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2849 CHIPPEWA	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS W RUSSELL				4. DATE OF DEATH Month Day Year AUG 20 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAR. 3. 1900	
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER				10b. KIND OF BUSINESS OR INDUSTRY RUSSELL MOVING CO.		11. BIRTHPLACE (City and state or country) KENTUCKY	
12. CITIZEN OF WHAT COUNTRY U-S-A							
13a. FATHER'S NAME JESSE RUSSELL				13b. MOTHER'S MAIDEN NAME NANCY STARR		14. NAME OF HUSBAND OR WIFE BEULAH RUSSELL	
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. 486-12-5376		17. INFORMANT Address BEULAH RUSSELL 2849 CHIPPEWA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 12 hrs DUE TO (b) Coronary Thrombosis DUE TO (c) Hypertensive Cardiovascular Dis. 9 mos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Nov 1957 to Aug. 20, 59 and last saw her alive on Aug 20 59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alphonse McNamee, M.D.				22b. ADDRESS 634 N Grand Blvd		22c. DATE SIGNED 8-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE AUG 24 1959		23c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
24. GENERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois				25. DATE RECD. BY LOCAL REG. AUG 21 59		26. REGISTRAR'S SIGNATURE Koal Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Province

Licensed Embalmer No.

3403

P. O. Address

2906 Gra

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.