

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2875

1. PLACE OF DEATH

County.....

Registration District No.

701
1003

Township.....

Primary Registration District No.

City.....

St. Louis Mo. (No. City Hospital # 2

File No.

Registered No.

320

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Edith Russell

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

4-9-1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

31-9-0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Poster

(b) General nature of industry, business, or establishment in which employed (or employer).....

Office Building

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John Russell

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Rosie Acock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

Mo.

14.

INFORMANT.....

(Address)

A. Estelade Creath
City Hospital # 2

15.

DATE

FILED.....

10 1930

19.....

Max C. Thacker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-9-1930

17.

I HEREBY CERTIFY, That I attended deceased from

1-5-1930 to 1-9-1930

that I last saw him alive on 1-9-1930 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumococcal Meningitis
108
79A

CONTRIBUTORY (SECONDARY)

Lobar Pneumonia (Left)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY?

N.O.

WHAT TEST CONFIRMED DIAGNOSIS

X-Ray + clinical

(Signed) A. Estelade

M. D.

1/10/1930 (Address) City Hospital # 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

California Mo.

1/13 1930

20. UNDERTAKER

Peoples Und. Co.

ADDRESS

3100 Franklin

