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

32331
Do not use this space.

1. PLACE OF DEATH OCT 14 1937
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8385
(c) City ST. LOUIS, MO., (d) Street No. 4631 ALEXANDER AVE.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ESTHER EDITH RUSSELL
(a) Residence, No. 4631 ALEXANDER AVE., St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 31, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARLINVILLE ILLINOIS

FATHER
13. NAME JAMES L. LAWERENCE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME IDA KINNEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) JOHN W. RUSSELL 4631 ALEXANDER

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIRAM CEMETERY DATE SEPT. 7, 1937

19. FUNERAL DIRECTOR (ADDRESS) PEETZ BROTHERS 3029 LAFAYETTE

20. SEP 7 1937 19 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to Sept 4, 1937
I last saw h.. alive on Sept 4, 1937 Death is said to have occurred on the date stated above, at 5:22 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast, left	1936

50

Other contributory causes of importance: —

Name of operation Radical Removal of Breast Date of 7-6-37
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) E. E. Gottlieb, M. D.
(Address) 607 N. Grand Ave. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Rt. Lee Bethel

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

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.)