

JAN 9 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

43310

1. PLACE OF DEATH JAN 10 1937

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis, Mo. (No. Isolation Hospital

File No. 11917

Registered No. 11917

St. .... Ward)

2. FULL NAME FLETCHER, Russell

(a) Residence, No. 3728 a Olive St. 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/1936

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

22. I HEREBY CERTIFY, That I attended deceased from 11/25/1936 to 11/30/1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1900

I last saw him alive on 11/30/1936 Death is said to have occurred on the date stated above, at 11:45 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
36 24

The principal cause of death and related causes of importance were as follows:

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

Acute Laryngitis - Obstruction Date of onset Nov. 13 cause unknown 11/17/36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance: Diphtheria Carrier

13. NAME George Fletcher

Appendectomy for Removal of Appendix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation Appendectomy Date of operation 10/8/36

15. MAIDEN NAME Martha Elkins

What test confirmed diagnosis? Clinical & Culture No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

17. INFORMANT (ADDRESS) M. G. Barry 5600 Arsenal Street

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown, Mo. DATE Dec. 2, 1936

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) Herman Rindskopf 5216 Delmar Blvd

Manner of injury Nature of injury

20. FILED DEC 3 1936 J. Budeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Henry J. Vlady, M. D. (Address) 5-600 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X7044

