

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

Do not use this space.

3173

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. 5864 Clemens Ave.)

File No. **F 792**
 Registered No. **F 792**
 St. _____ Ward _____

2. FULL NAME

Clara V. Alexander
 (a) Residence. No. 5864 Clemens Ave. St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice N. Alexander
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-11-1837
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
90 | 6 | 11 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER Patrick Long
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Emily Newell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
 (STATE OR COUNTRY) _____

14. INFORMANT Clarence Alexander
 (Address) 5864 Clemens Ave.

15. FILED 22 1928 Mar 6 Starkeoff
 REGISTAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928
 17. I HEREBY CERTIFY That I attended deceased from Dec. 7 1928, to Jan 21 1928 that I last saw him alive on Jan 21 1928, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
82A 7/11/1
97 (duration) yrs. mos. 5 da.
 CONTRIBUTORY (SECONDARY) Arterial sclerosis
General atherosclerosis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) D.R. Parnell, M. D.
1-21-1928 (Address) 5037 Mac Alex St. St. Louis

*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 Bellefontaine DATE OF BURIAL 1-28 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

Dr. Parmean

34030 Ave Dr.

Jeff. 3600