

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

Do not use this space.

7738

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

Township.....

Primary Registration District No.

City St. Louis, Mo. (No. 4348) Cottage Ave

File No.

Registered No. 2101

St. Ward

2. FULL NAME

John Alexander

(a) Residence (Usual place of abode) No. 4348 Cottage St., 11 Ward.

(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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 55

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labarer 11?
(b) General nature of industry, business, or establishment in which employed (or employer) Street Dept.
(c) Name of employer City of St Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Ben Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT (Address) Sallie Thomas
4348 - Cottage Ave

15. FILED 16 1931 Wm C. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1931 to Feb 11 1931 that I last saw him alive on Feb 11 1931 and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Laber Pneumonia

(duration) yrs. mos. ds. 1 6 4
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds. 7

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? Cholesterol
(Signed) J. E. Moore M. D.

2-16 1931 (Address) 801 E. N. J. J.

*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 Holly Springs, Tenn. DATE OF BURIAL Feb. 19 1931

20. UNDERTAKER A. L. P. P. P. ADDRESS 2726 Lucas

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

K. 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.

