

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township _____

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph Hospital)

File No. 8845

Registered No. 215

St. _____ Ward _____

2. FULL NAME Herman B Alexander

(a) Residence. No. Saxton Mo. St. _____ 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

3. SEX

Male

4. COLOR OR RACE

White

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) August 3, 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

27

7

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Filling station attendant

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

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) Saxton

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER Conrad Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER Mary E. Glahn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Quincy

(STATE OR COUNTRY)

Ill.

14.

INFORMANT Conrad Alexander Jr.

(Address) Saxton Missouri.

15.

FILED

19

John R Bender

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 19 31

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1931 to March 14, 1931

that I last saw him alive on March 13, 1931, and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis Anemia

71.9

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY)

Melanofolia

(duration) yrs. 1 mos. ds.

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?

Clinical

(Signed) Charles H. Werner M. D.

Mar. 14 19 31 (Address) 815 Kirkpatrick Bldg

*State the DISEASE CAUSING DEATH, or in deaths from violent causes, state (1) MEANS AND NATURE OF INJURY, and (2) Whether homicidal or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Josephs Cemetery Easton Mo. Mar. 16 19 31

20. UNDERTAKER

ADDRESS

H. O. Sidenfaden

1802 Union st.

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.

21 1931

MAR 16 1931

100