

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.

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

Do not use this space.

1. PLACE OF DEATH

County PemiscotRegistration District No. 655Township VirginiaPrimary Registration District No. 5872City St. Louis (No.)File No. 23627-5

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Child

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

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

3-21-1931

7. AGE

YEARS

MONTHS

DAYS

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

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

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

(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo

10. NAME OF FATHER

B. C. Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Carrogado, Penna

12. MAIDEN NAME OF MOTHER

Hattie Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

B. C. Alexander
St. Louis, Mo

15. FILED

8/1, 1931

May P. Kelly

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

7-23-32

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to July 23, 1932 that I last saw him alive on July 23, 1932, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

CONTRIBUTORY (SECONDARY)

(duration) 11/9 yrs. mos. 18 ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Chined(Signed) James P. Vickrey, M. D.(Address) St. Louis, Mo

*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

DATE OF BURIAL

mt Zion7-24-32

20. UNDERTAKER

ADDRESS

BermanSt. Louis, Mo

