

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

Do not use this space.

27630

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. (CRB)
City St. Louis, Mo. (No. City Hospital #2) St. _____ Ward _____

File No. _____
Registered No. 7448
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 400 S. Jefferson St. 22 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 <u>Male</u>	4. COLOR OR RACE <u>Cole</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Celia Alexander</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-5-1875</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>3</u>	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Booker 226</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark 1</u>			
	13. NAME <u>Van Alexander</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
MOTHER	15. MAIDEN NAME <u>Mary Carter</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT <u>A. P. ...</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Louis Ill</u> DATE <u>8/15/1932</u>				
19. UNDERTAKER <u>R. M. O. Green</u>				
20. FILED <u>AUG 15 1932</u> <u>W. C. Stanley</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1- 1932

22. I HEREBY CERTIFY, That I attended deceased from 7:30 - 1932 to 8-1- 1932

I last saw him alive on 8-1-1932. Death is said to have occurred on the date stated above, at 6:35 m.

The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia

Other contributory causes of importance:
108 (1)

Name of operation..... Date of.....
What test confirmed diagnosis? the lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) C. M. Smith M. D.
(Address) City Hospital #2

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.

