

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

Do not use this space.

34353

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City... *St. Louis Mo.* (No. *St. Johns Hosp*)

File No.....
Registered No. **9750**
St. Ward)

2. FULL NAME

(a) Residence, No. *819 Chambers St* St. *26* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 21 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *bleak*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City Hall Special*
10. Date deceased last worked at this occupation (month and year) *Feb. 11, 1932* Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *St. Louis Mo.*

FATHER 13. NAME *Jacob Alexander*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Germany 10*

MOTHER 15. MAIDEN NAME *L. Zepfaw*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Germany*

17. INFORMANT *Louise Alexander* (ADDRESS) *819 Chambers St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *Nov. 4*, 19*32*

19. UNDERTAKER (ADDRESS) *By Leiden Hud Co 1417 St. Market St*

20. FILED *RCV-3 1932* *May C. Standley* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 31st*, 19*32*

22. I HEREBY CERTIFY That I attended deceased from *October 31st 1932* to *October 31st 1932*
I last saw him alive on *October 31st 1932*. Death is said to have occurred on the date stated above, at *2¹⁰ P. m.*

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

Primary Cause of Death
Death of Corbuelet of neck
151A 10 10
Other contributory causes of importance: - *Suppurating arthritis of left ankle joint*
1516A

Name of operation *Drainage of ankle* Date of *10/26/32*
What test confirmed diagnosis? *Antel* Was there an autopsy?.....

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? *No*
If so, specify.....
(Signed) *Edward Smith*, M. D.
(Address) *3720 Washington Ave*

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.

Dr. ...
3720 ...