

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

Do not use this space.

34335

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033B
 City Elmwood Park Mo. (No. Chicago Ass.) St. _____ Ward _____

2. FULL NAME Thomas Alexander
 (a) Residence, No. Elmwood Park Mo. St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Unobtainable ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 2905
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Occ
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Alexander
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cheese-maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary
 10. Date deceased last worked at this occupation (month and year) Jan 1933
 11. Total time (years) spent in this occupation Unobtainable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Missouri

13. NAME Miss Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Mo.

15. MAIDEN NAME Sarah Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Mo.

17. INFORMANT Hattie Alexander
 (ADDRESS) Elmwood Park Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christyfield Mo. DATE 10/22 1933

19. UNDERTAKER Chas. J. Yates
 (ADDRESS) 4107 Fulton Ave.

20. FILED 10/18 1933 Paula Gray M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 11th 1933, to Oct 17th 1933
 I last saw him alive on Oct 13th 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:

myocarditis
9:30
9:1
 Other contributory causes of importance:
Distal scleroid
 Date of onset 5.14.33
93

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) H. J. Golman M. D.
 (Address) Pattonville Mo.

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.

NOV 10 1933

289

