

NOV 13 1934

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

Do not use this space.

37651

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1218 Jones St)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10098
St. Ward)

2. FULL NAME

Samuel C. Alexander
(a) Residence, No. 1218 Jones St., 11 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Ohio

FATHER
13. NAME Joseph Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkleville

MOTHER
15. MAIDEN NAME Anna Malinda Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Ohio

17. INFORMANT (ADDRESS) Ella Gattany 1218 Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE 10/18 1934

19. UNDERTAKER (ADDRESS) W.S. WADE FUNERAL HOME 4202 FINNEY AVENUE

20. FILED OCT 17 1934 Jo S. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1933 to Oct 16 1934
I last saw him alive on OCT 15 1934 Death is said to have occurred on the date stated above, at 6:20 m.

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

arterio-sclerosis with cerebral hemorrhage

Date of onset 11-4-33
10-16-34

Other contributory causes of importance: 82 F 97

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) W. D. Christians M
(Address) 117 Jefferson Ave

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.

