AUG 9 1935

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

Do not use this space.

25038

File No. 6492

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. City Hospital No. 2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Betty Lou Alexander

(a) Residence, No. 2119½ Papin St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7th 1911

7. AGE: Years 24 | Months 3 | Days 28 | 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.: Housework

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): Arkansas

FATHER

13. NAME: Louis Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER

15. MAIDEN NAME: Lilla White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Guy Cerdeit 2943 - Laurel Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U. DATE 7-18 1935

19. UNDERTAKER (ADDRESS): Walter Richter 3500 Rutger St

20. FILED JUL 30 1935 19 J. F. Butlick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-19-1935 to 7-5-1935, I last saw her alive on 7-5-1935. Death is said to have occurred on the date stated above, at 3:50 A m.

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

	Date of onset
Pulmonary Tuberculosis	6-19-35

Other contributory causes of importance: 23

Name of operation: Date of: No

What test confirmed diagnosis? Clinical 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) J. R. Hughes, M. D.

(Address) 2943 - Laurel Blvd

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.