

APR 11 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13010

1. PLACE OF DEATH St. Mary's Infirmary **791**
 County Registration District No. **1003**
 Township Primary Registration District No.
 City St. Louis, Mo. (No. 1536) Papin Seminary St. (Ward) **3079**

2. FULL NAME Albert Alexander
 (a) Residence, No. 221 Convent 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 MALE 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sing
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 7 21

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
 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) Tenn.13. NAME Mose Alexander14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Mary Tunston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Sister M. Olivet
(ADDRESS) St. Mary's Infirmary18. BURIAL, CREMATION, OR REMOVAL PLACE St. Nicholas DATE May 21, 193619. UNDERTAKER Coughlin & Co.
(ADDRESS) 297 Broadway20. FILED MAR 21 1936 J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935 to March 16, 1936I last saw him alive on March 16, 1936 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Carcinoma of Prostate
Pulmonary metastasis

Date of onset

Other contributory causes of importance:

Asthma

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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) James E. Jackson M. D.(Address) 1536 Papin St.

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.

MO-3-28-35

