JAN 10 1937

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

Do not use this space.

46523

File No.

Registered No. 12312

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 William Alexander

(a) Residence, No. 1023 N. Glascow St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col.	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Owensborough, (STATE OR COUNTRY) Ky.

FATHER

13. NAME Alex Alexander

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

MOTHER

15. MAIDEN NAME Sarah Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Dec. 16, 1936

19. UNDERTAKER W. O. Gordon Undt. Co. (ADDRESS) 2449-51 Delmar Blvd.

20. FILED DEC 16 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1936 to 12-14-, 1936

I last saw him alive on 12-14-, 1936 Death is said to have occurred on the date stated above, at 4:00 P. M.

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

	Date of onset
Cancer of Gastro-intestinal Tract - - ----------	11-10-36

Other contributory causes of importance: -----

Name of operation Date of

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) A. L. Lewis, M. D.

(Address) 2945 Lawton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M-1-20-36 I X7044