NOV 23 1937

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

Do not use this space.

38825

File No.

Registered No. 396

1. PLACE OF DEATH

County St. Louis

Township ~~Clayton~~

City Clayton

Registration District No. 790

Primary Registration District No. 6038

(No. Saint Louis Co. Hospital St. Ward)

2. FULL NAME Byron Alexander

(a) Residence, No. St. Thom s & St. Johns St., Bridgeton, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 11 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	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	11	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) August, 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeton Missouri

FATHER

13. NAME Henry Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER

15. MAIDEN NAME Jennie Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis County Missouri

17. INFORMANT Mrs. Almeda Alexander
(ADDRESS) Bridgeton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeton, Mo. DATE Oct. 31, 1937

19. UNDERTAKER Charles G. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED 10/30, 1937 Dray Tignorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-3-37, 19 to 10-26-37, 19

I last saw him alive on 10-26-37, 19 Death is said to have occurred on the date stated above, at 6:15 p.m.

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

	Date of onset
Miliary Tuberculosis	9/8/37

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X Ray 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) George M. Lonsdale, M. D.

(Address) St. Louis Co. Hospital

NOTE: Everything information should be carefully supplied. NOTHING should be left blank. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.