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.

JAN 24 1938

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

Do not use this space.

46758

1. PLACE OF DEATH

96

County Saint Louis — Registration District No. 1123 1

Township — Primary Registration District No. 6248 B

City Jefferson Barracks (No. VAF St. Ward)

File No.

Registered No. 479

2. FULL NAME Alexander WIMBERLY

(a) Residence, No. 2918 Madison Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Msle

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1897

7. AGE: YEARS 40 — MONTHS 0 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 2

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) (STATE OR COUNTRY) Greenville, Mississippi 2

FATHER

13. NAME Unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Clinical Clerk MF Schilly Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat. Cem. Jeff Barr, mo. DATE 12-7 1937

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St.

20. FILED Dec 6 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1937, to December 3, 1937

I last saw him alive on December 3, 1937. Death is said to have occurred on the date stated above, at 3:30A m.

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

	Date of onset
Hypertension, severe; Arteriosclerosis, generalized (arteriosclerotic heart)	Unkn.
Other contributory causes of importance: Myocardial disease	Unkn.

95B2

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 C.W. Hughes

(Signed) C.W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.