

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.

REC'D JUL 12 1938

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

20192

Do not use this space.

5331

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... St. Louis, Mo...... (d) Street No..... 2650 Russell, Blvd...... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie L. Alexander

(a) Residence, No. 2650 Russe ll, Blvd. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22/1850.</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>60yrs.</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>May 1938</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Missouri</u>	<u>0</u>
	13. NAME <u>William Vance</u>	<u>9</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Unk.</u>	<u>9</u>
	15. MAIDEN NAME <u>Lucretia Mc. Farland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Unk.</u>	
17. INFORMANT <u>Mrs. N. A. Downing</u> (ADDRESS) <u>2650 Russell, Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington, Mo.</u> DATE <u>June 13/ '38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Albert H. Hoppe, Inc.</u> (ADDRESS) <u>429 N. Euclid, Ave.</u>		
20. FILED <u>JUN 12 1938</u> <u>J. F. Bullock</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to June 12, 1938

I last saw her alive on June 11, 1938. Death is said to have occurred on the date stated above, at 7:20 A.M.

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

Chronic cholecystitis with cholelithiasis Date of onset 1934

Other contributory causes of importance:
asthma - Pulmonary 126 1938

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Frank Cleary, M. D.

(Address) 1935 Park

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.