

UL 251938

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26455

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis(b) Township Bonhomme(c) City Des Peres2/1 Registration District No. 784Primary Registration District No. 200(d) Street No. Harwood Lane

(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 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 12532. PRINT FULL NAME Mary E. Alexander(a) Residence, No. Harwood LaneSt. Des Peres Mo.

(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

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFOrville Alexander6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.71917

OCCUPATION

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

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

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)

Missouri

FATHER

13. NAME James J Cross

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

Tenn.

MOTHER

15. MAIDEN NAME Thompson

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

Ky.

17. INFORMANT (ADDRESS)

Blanche Mc Govern
Harwood Lane DesPeres Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Iberia Mo.DATE 7/27

19. FUNERAL DIRECTOR (ADDRESS)

Louis H Bopp
131 W. Argonne Dr Kirkwood Mo

20. FILED

25 1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

I HEREBY CERTIFY That I attended deceased from

Jan. 5, 1938, to July 24, 1938I last saw her alive on July 24, 1938. Death is saidto have occurred on the date stated above, at 1:50A.

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

Melanoma of neckDate of onset
1-5-38

Other contributory causes of importance:

Melanotic in blood
vesselsName of operation Removal of mole date of Jan. 28What test confirmed diagnosis Microscopic Was there an autopsy? Yes

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) Ralph E. Gaston M. D.(Address) W. Belmont, Groves, Mo.

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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I XI2604

STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John M Meyer

Licensed Embalmer No. 3288

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.)