

SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

27450
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1008**
(b) Township Primary Registration District No. Registered No. **7464**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St. **Life**
(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.

2. PRINT FULL NAME

Garfield Alexander
(a) Residence, No. **2703 Lucas** St. **21**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sadie Alexander**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30, 1882**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**
13. NAME **Joe Alexander**
14. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)
15. MAIDEN NAME **Liza Crockett**
16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington U.** DATE **8-12-38**
19. FUNERAL DIRECTOR (NAME) **H. Richter** (ADDRESS) **3000 Rutger St**
20. FILER **J. B. Bruders** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 8, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **July 25, 1938, to August 8, 1938**
I last saw h. **im.** alive on **August 8, 1938** Death is said to have occurred on the date stated above, at **5:58a** m.
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease
Right Hemiplegia caused by cerebral haemorrhage
Date of onset **7/25/38**

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) **H. J. Lyman**, M. D.
(Address) **2601 N Whittier**

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.

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.....

..... Licensed Embalmer No.....

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.