

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 NOV 16 1938

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

34391
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1008
(b) Township..... Primary Registration District No.
(c) City St. Louis (d) Street No. De Paul Hospital
(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

William Wesley Alexander
(a) Residence, No. Park Plaza Hotel St. 12
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farm Implements
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Ky.

FATHER 13. NAME Hayden Alexander

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

MOTHER 15. MAIDEN NAME Fannie Mary Smith

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

17. INFORMANT O. M. Cull
(ADDRESS) N. Vernon, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Indianapolis, Ind. Oct. 31, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Stone Funeral Home
(ADDRESS) 4911 Washington Bl.

20. FILED OCT 23 1938
J. M. Breck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 10-28, 1938, 1938.
I last saw him alive on 10-28, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10-24-38

Other contributory causes of importance:
arterio-sclerosis
hypertension 1 yr
1 1/2 yrs

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? no
If so, specify Chloroform
(Signed) Oliver Abel, M. D.
(Address) Lister Bell

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,

Elton R. H. Remelius

or by

Registered Apprentice No., working under my personal supervision.

Signed

Elton R. H. Remelius

Licensed Embalmer No. **3154**

P. O. Address **3948 A. Greer Ave.
St. Louis Mo.**

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.