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.

DEC'D JAN 13 1939

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

44780
Do not use this space.

1. PLACE OF DEATH
(a) County Warren 2 Registration District No. 882
(b) Township Hickory Grove 1 Primary Registration District No. 6174 Registered No. 12
(c) City Wright City (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

425

2. PRINT FULL NAME George Alexander
(a) Residence, No. ..... St. ☐ .....
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1870

7. AGE: YEARS 68 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): St. Charles Missouri 0

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Jesse Hardy, Wright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeton, Mo. DATE Dec. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. Russell & Co., 1924 Central Ave. Alton, Ill.

20. FILED 12/10, 1938 W. A. Clarenbach M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-9-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1938, to 11-1-, 1938
I last saw him alive on 11-1-, 1938 Death is said to have occurred on the date stated above, at 6:05A m.
The principal cause of death and related causes of importance were as follows:

Aortic regurgitation (Chronic) | Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation: None Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19....
Where did injury occur? none
(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 no
(Signed) J. T. Edwards M. D.
801 (Address) 1419 Delmar

Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 2115

P. O. Address .....

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

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