20 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1936 MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23272

96 Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1097

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-Weeks (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5869 Julian Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME 425 Ephriam B. Alexander
3. (b) If veteran, name war
3. (c) Social Security No. Unk.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 18 1858 (Month) (Day) (Year)
8. AGE: Years 80 Months 7 Days 2 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Retired Unk.
11. Industry or business City Water Dept.
FATHER
12. Name Simon Alexander
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unk. Unk.
15. Birthplace (City, town, or county) Unk. (State or foreign country)
16. (a) Informant's own signature Mrs. P. J. O'Connor
(b) Address 5869 Julian Ave.
17. (a) Calvary (Burial, cremation, or removal) (b) Date thereof 6-22-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 20 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1939 hour 2 minute 30 a. M.
21. I hereby certify that I attended the deceased from Apr 27, 1939 June 19, 1939, to June 19, 1939; that I last saw him alive on June 19, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 mos
Due to Hypertensive Cardio-Vascular Disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Russell (M. D. or other)
Address 415 Beaumont Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 I X19511

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 3840 Lundell

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.