DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23868

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6313

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution September 28, 1939 (Specify whether In this community 50yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town St. Louis, Mo. 13 (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? American. years.

3. (a) PRINT FULL NAME John Alexander 425

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 26, (Day) 1876 (Year)

8. AGE: Years 64 Months 5 Days x If less than one day hr. min.

9. Birthplace New York City. (City, town, or county) 1 (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business x

FATHER
12. Name Valentine Alexander
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Maria ?
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature E. McLoney

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 /40 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Church yard

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 1301 Lafayette

19. (a) JUL 27 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1940 hour 1:25 minute p. M.

21. I hereby certify that I attended the deceased from September 28, 1939 to July 26, 1940 that I last saw him alive on July 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative	
Heart Disease	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

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 Geo. S. Boyd M. D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

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 wi the above constitutes grounds for revocation of license.)

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