

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
 (Specify whether
 In this community 8 YEARS
 years, months or days)

3. (a) PRINT

FULL NAME MILDRED CRUZAN ALEXANDER3. (b) If veteran,
name war _____3. (c) Social Security
No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced DIVORCED
 6. (b) Name of husband or wife CLIVE M. ALEXANDER 6. (c) Age of husband or wife if
alive 52 years
 7. Birth date of deceased NOV-10- 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 10 25 — hr. — min.

9. Birthplace HISTORIA ILLINOIS
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name NEWTON A. CRUZAN13. Birthplace unknown IOWA
 (City, town, or county) (State or foreign country)14. Maiden name TAYLOR15. Birthplace unknown U.S.A.
 (City, town, or county) (State or foreign country)16. (a) Informant Cruzan Alexander(b) Address Ann Arbor, Mich17. (a) Burial (b) Date thereof Oct 17-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill Cemetery18. (a) Signature of funeral director Parker and Co(b) Address Debaton Groves Inc19. (a) OCT 7 1940 (b) J. G. Gaudich
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
 (c) City or town ST LOUIS 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4900 WEST PINE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th
 year 1940 hour 8:50 minute 0 M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Phenyl BarbituratePoisoning, self administrationby Lin Graham atGreat Park Hotel onOctober 3rd, 1940 aboutDue to 8:30 AM

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 163

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence Oct 3 1940(c) Where did injury occur? St Louis Mo
 (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? Yes (Specify type of place) Barbiturate

(a) Means of injury _____

23. Signature Alfred J. Perry (M. D. or other) _____Address St Louis Mo Date signed 10/5/40

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

Orville B. Lang

Licensed Embalmer No. *1581*

P. O. Address

White Groves

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

If this body is not embalmed, fact should be so stated above.