

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

FILED SEP 17 1941
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27221

REGISTRATION DISTRICT NO. 791

Primary Registration District No. 1003

Registrar's No. 7013

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution: City Sanitarium 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days

5 years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME LEE ALEXANDER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male () 5. Color or race white

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

6. (b) Name of husband or wife Minnie Alexander

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 10-3-1877

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 10 26 hr. min.

9. Birthplace Dallas Texas

(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman - retired

11. Industry or business Kansas City Southern R.R.

12. Name Unknown

13. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Peter Smith

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 9/1/41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director [Signature]

(b) AUG 30 1941 4376 [Signature]

19. (a) (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State (b) County 000

(c) City or town St. Louis 1719

(If outside city or town limits, write "RURAL")

(d) Street No. 4217 West Pine 8

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29

year 1941 hour 1:15 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from 8-4-40 19 to 8-29-41 19

that I last saw him alive on 8-29-41 19

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

Immediate cause of death _____

Chronic Myocarditis 8-4-41x

Due to _____

Gen. Arteriosclerosis 8-4-41x

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations AS

Of autopsy No.

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Hubert P Smith (M. D. or other) _____

Address 5400 Arsenal St Date signed 9/29/41

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 *J. Wm. Sembly*
Licensed Embalmer No. *3653*
P. O. Address *H. Laws m*

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, fact should be so stated above.