

No. 2
-1-4-41
5-17-39
I X26390

DEC 22 1941 791
Registration District No. _____

Primary Registration District No. 1003

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:
5944 Theodosia Ave. Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5944 Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROY ALEXANDER.

3. (b) If veteran, name war None 3. (c) Social Security No. 487-20-4974

4. Sex Male 5. Color or White race Male 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 19, 1923.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 28 hr. min.

9. Birthplace Riverdale, California
(City, town, or county) (State or foreign country)

10. Usual occupation Warehouse clerk

11. Industry or business Wohl Shoe Co.

12. Name Tom Alexander.

13. Birthplace ? Greece.
(City, town, or county) (State or foreign country)

14. Maiden name Stella Twellman.
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Twellman.

(b) Address 5944 Theodosia Ave.

17. (a) Cremation (b) Date thereof 11-20-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) NOV 18 1941 (b) J. D. Budeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th.
year 1941 hour 9 minute 50 P.M.

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

that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke that was of Duration
of heart & brain hemorrhage
when deceased was found
in basement of his home Nov
18 1941 about 9:50 pm

Due whether accidental or
suicide could not be
determined

Other conditions determined
(Include pregnancy within 3 months of death)

Major findings: Pending 1847
Of operations _____
Of autopsy _____

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) Open Verdict

(b) Date of occurrence Nov 18 1941

(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?
Home

(Specify type of place)

While at work? no (e) Means of injury stair

23. Signature Thomas Alexander (M.D. or other)

Address City Carver Date signed 11/18/41

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

12
7
9

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 3454

David C. Gibson

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address 5966 Easton St

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.