FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9 7

Township ..... Primary Registration District No. 1003 Registered No. 280

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME MINNIE ALEXANDER

(a) Residence, No. 6235a Victoria St., ... Ward. 04
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 1 | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. H. Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1882

7. AGE YEARS 59 MONTHS 10 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Oct. 1941

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Herman Schoor.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Edla Flukes.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Ruth N. Lee 6204 Alamo St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan. 13 1942

19. UNDERTAKER (ADDRESS) Baumann Bros. Inc. 2504 Woodson Overland Mo.

20. FILED JAN 10 1942 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9- 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec-18 1941, to 1-9- 1942

I last saw her alive on 1-8- 1942 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Hypertension - Mitral Regurg. and Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Shelton, M. D.

(Address) 2500 S. Kingshighway Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RES... BINDING

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.

V. S. ... 100M-3-28-35

Undertakers embalmers
Certificate filed 1-13-1921

Oscar F. Mueller
License # 3039
Overland Mo.

Embalmer:
W. G. Peterson
License # 3767
Overland Mo.