

Registration District No. 84

Primary Registration District No. 500

State File No. _____

Registrar's No. 1389

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Moline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halls Ferry Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4023 Cedarwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME G. Dudley Alsop

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Alice F. Alsop nee Durham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Gordon Alsop
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant David H. Alsop
(b) Address 4023 Cedarwood Pine Lawn, Mo

17. (a) Burial (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 316 1/2 East Fair Ave

19. (a) JUN 29 1942 (b) E. H. McCarron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1942 hour 3:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 20
1934 to Feb 26 1942
that I last saw him alive on June 26 1942
and that death occurred on the 26th and hour stated above.

Immediate cause of death Dep of liver

Due to Arteriosclerosis

Due to _____

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

Major findings: _____
Of operations _____

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 Hattie Shaver (M: D. or other) _____
Address 4977 - Mary Land Date signed 6-28-42

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

96
0
0

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..... *Francis A. Williamson*

Licensed Embalmer No..... *3565*

P. O. Address..... *St. Louis MO*

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.