. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11317

State File No.

FEB APR 15 1943 84

Registration District No.

Primary Registration District No. 104

Registrar's No. 726

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4629a Delmar
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Austin Alexander

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased Sept (Month) 1 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	6	23	hr. min.

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

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name Geo Critzer Va.
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Anna Hayes Va.
15. Birthplace (City, town, or county) Va. (State or foreign country)

16. (a) Informant Mrs. A. H. Bohning
(b) Address Berkeley City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 3-27-43 (Date received local registrar) (b) E. G. McGauran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 14 1942 to Mar 24 1943
that I last saw her alive on Mar 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to Carcinoma

Due to —

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

Major findings:
Of operations —
Of autopsy 486

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

23. Signature Nellie Sleaver (M. D. or other)
Address 4932 - Maryland Date signed 3-25-43

707 (Licensed Embalmer's Statement on Reverse Side)

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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.