

V. S. No. 2
50M-5-42
Rev. 5-17-39
[K32871]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11824**

APR 19 1943 **318**

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **3341**

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:
DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 WEEKS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **1130 LOCUST ST.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JUNIUS ALEXANDER**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APRIL** day **7**, year **1943** hour **6** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **1-23-43** to **4-7-43**; that I last saw him alive on **4-7-43** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARTHA ALEXANDER** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **DONT KNOW 1871**
(Month) (Day) (Year)

Immediate cause of death: **Causes of Pertum**
Metastases to Liver
Pertum
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **as above**
Of operations **1-23-43**
Of autopsy **Ind Cause**

8. AGE: Years **72** Months **DONT KNOW** Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **RESTUARNT OPERATOR**

11. Industry or business _____

12. Name **ROBERT ALEXANDER**

13. Birthplace **MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA WRIGHT**

15. Birthplace **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MARTHA ALEXANDER**

(b) Address **1130 LOCUST ST.**

17. (a) **BURIAL** (b) Date thereof **4-10-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **APR 9 1943** (b) **J. J. Bredick**
(Date received local registration) (Registrar's signature)

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 **J. Whempson MD** (M. D. or other)
Address **495 Maryland** Date signed **4-8-43**

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

MOTHER FATHER

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

William Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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.