

FILED OCT 13 1943

Registration District No. _____

Primary Registration District No. _____

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

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:
4922 McPherson /
(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)

3. (a) PRINT FULL NAME Robin L. Alexander

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Catherine Alexander 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 7 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel owner

11. Industry or business

12. Name Robert Alexander

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

14. Maiden name Martha ???

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

16. (a) Informant Catherine Alexander

(b) Address 4922 McPherson

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

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) OCT 2 1943 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4922 McPherson
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
 year 1943 hour 11.05 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 13
 1938 to Sept. 14, 1943
 that I last saw him alive on Sept. 11, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - Coronary Disease

Due to 131

Other conditions Hypertension, dr. nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 Herbert J. Kudis (M. D. or other) M.D.
 Address 2537 Y. Bureau Date signed 10/1/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

GRAND - GRAVEIS
of PM.

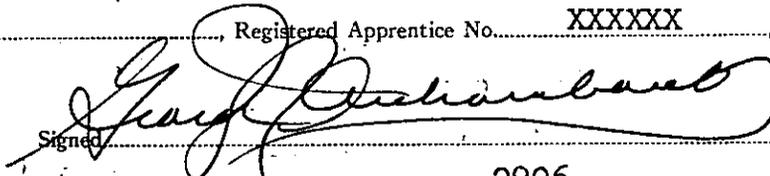
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed 

Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.