S. No. 2
M—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35603

Registrar's No. 10081

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: Barnes Hospital. D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay 24

(c) City or town: Liberty 2 (If outside city or town limits, write "RURAL")

(d) Street No. 128 High Str. (If rural, give location) 1 NR

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Kenneth Alexander

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male D

5. Color or race: White

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

6. (b) Name of husband or wife: Mildred Alexander

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: May (Month) 13 (Day) 1907 (Year)

8. AGE: Years 37 Months 6 Days 12 If less than one day hr. min.

9. Birthplace: Linneus (City, town, or county) Mo N (State or foreign country)

10. Usual occupation: Produce

11. Industry or business: Produce

FATHER 12. Name: Wm T Alexander

FATHER 13. Birthplace: Linn Co (City, town, or county) Mo. N (State or foreign country)

MOTHER 14. Maiden name: Virginia Clark

MOTHER 15. Birthplace: Unk. (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant: Mrs. John Alexander

(b) Address: Liberty, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty, Mo

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4200 Washington Blvd.

19. (a) NOV 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-11-44, 19..., to 11-25-44, 19...; that I last saw him alive on 11-25-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Laennec's Cirrhosis of the liver	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Laennec's Cirrhosis of Liver; Splenomegaly; Enlarged bile-stained kidneys	

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: H R Bradley (M. D. or other)

Address: Barnes Hospital. Date signed 11-26-44

(Licensed Embalmer's Statement on Reverse Side)

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

10084

10084

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 G W Wilkins

Licensed Embalmer No. 3575

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.