

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31639

State File No. _____

Registrar's No. **8503**

FILED OCT 19 1945
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 1338 Elliott 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hiran Alexander

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 1871 years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years alt - 74 Months ? Days ? If less than one day _____
hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Alexander 9

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

14. Maiden name Unknown

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

16. (a) Informant James R. Alexander

(b) Address 1338a. Elliott Ave.

17. (a) Burial (b) Date thereof 10/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2820 Stoddard St

19. (a) OCT 2 1945 J. F. Bredeek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1945 hour 2 minute 5 A. M.

21. I hereby certify that I attended the deceased from Sept. 26 1945 to Sept. 28 1945
that I last saw him alive on Sept. 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

2. Hypertrophied Prostate, pro.
Ca.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy None

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 W. C. Callaway (M. D. or other) _____
Address 2601 N. Whitley Date signed 10/1/45

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

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

L. Boyer

....., Registered Apprentice No. *MP*

working under my personal supervision.

Signed

Lomnie Boykin

Licensed Embalmer No. *2946*

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.