

S. No. 2
M-5-43
5-17-39
P I X36671

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

State File No. 19

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1044

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Mar. Baptist Hosp. S
(d) Length of stay: 2 Days
In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Lureka
(d) Street No. Route #1
(e) Citizen of foreign country? NR

3. (a) PRINT FULL NAME Elwood Alley
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29 year 1946 hour _____ minute 3:50 P.M.
21. I hereby certify that I attended the deceased from Jan 16 1946 to Jan 29 1946 that I last saw him alive on Jan 29 1946 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 Fannie Alley
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct. 27 1864

Immediate cause of death Myocardial Infarct Duration 3 days
Due to Coronary Artery Disease 3 days

8. AGE: Years Months Days If less than one day
81 3 2 hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

9. Birthplace Spencer Indiana
10. Usual occupation Dentist
11. Industry or business _____
12. Name of father Francis Alberty Alley
13. Birthplace of father Franklin Co. Indiana
14. Maiden name of mother Mary Ann Jones
15. Birthplace of mother Unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Robert Wright
(b) Address 625 East Campbell, Kirkwood Mo.
17. (a) Burial (b) Date thereof Feb. 16 1946
(c) Place: burial or cremation Paul Lawn Cem.
18. (a) Signature of funeral director Charles Bull
(b) Address 4457 Washington Blvd
19. (a) JAN 30 1946 (b) J. F. Bradock

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Paul K. Wolff (M. D. or other) MD
Address 721 Olive St. Date signed 1-30-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2231

JAN 31 1946

(Licensed Embalmer's Statement on Reverse Side)

