S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35464

FILED NOV 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10269

WRITE PLAINLY—USING 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: Homer G Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 200
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4412 Garfield (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

3. (a) PRINT FULL NAME William Alexander, Jr.
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Artha Alxeander
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May (Month) 6th (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Scottsboro (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Contractor
11. Industry or business Self-Employed
FATHER
12. Name William Alexander 9
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name America Finger
15. Birthplace McMinville, (City, town, or county) Tennessee (State or foreign country) 1
16. (a) Informant Vernell Nichols
(b) Address 4412 Garfield Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1947 hour 7 minute 5 A M.
21. I hereby certify that I attended the deceased from Sept. 17, 1947, to Nov. 5, 1947; that I last saw him alive on Nov. 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of 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 0
23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 11/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thos J Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.