No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No. 43271
Registrar's No. 11984

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: 5225 Minerva Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5225 Minerva 9
(If rural, give location)
(e) Citizen of foreign country? 40 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hugh L. McAlexander

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

4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 20 (Day) 1857 (Year)

8. AGE: Years 90 Months 11 Days 9. If less than one day hr. min.

9. Birthplace Redbanks Mississippi 1
(City, town, or county) (State or foreign country)
10. Usual occupation Grocery Man
11. Industry or business Grocery
FATHER
12. Name Hugh McAlexander
13. Birthplace Miss 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Hill
15. Birthplace Miss 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Doris Moss
(b) Address 5225 Minerva
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem (Ill)
18. (a) Signature of funeral director Guy Mullen
(b) Address 5041 Delmar
19. (a) DEC 30 1947 (Date received local registrar) (b) J. Maedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept 47, 19, to Dec 29, 1947; that I last saw him alive on Dec 28, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 1 Senility	1 yr.
Due to: 2 arteriosclerosis vasc disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations
Of autopsy

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 W. O. Barla (M. D. or other)
Address 2739 N. Grand Date signed 12-30-47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ron Campbell

Licensed Embalmer No. 3880

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.