

7. S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 16 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Dead on arrival
 In this community about 65 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 2428 Bacon Street (If rural, give location) 9
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country.....

3. (a) PRINT FULL NAME Priscilla Alexander
 (b) If veteran, name war.....
 (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
 year 1948 hour 3 minute 30 P. M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....,
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife.....
Henry Alexander
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased.....
 (Month) (Day) (Year)
3 - 13 - 1872

Immediate cause of death.....
Pulmonary Embolism
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 9 21 hr. min.

9. Birthplace Highland Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation nil

11. Industry or business.....
 12. Name Edward Riley
 13. Birthplace Unknown Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Priscilla Turner
 15. Birthplace Glasgow, Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Riley-Brother of decedent
 (b) Address 2428 Bacon St. St. Louis, Mo.
 17. (a) Burial (b) Date thereof 1-10-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director Marie Riley
 (b) Address 3759 Finney Ave. St. Louis 13.
 19. (a) JAN 9 1948 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....
 23. Signature Alfred Perry (M. D. or other) 3
 Address Deputy Coroner Date signed 1/19/48

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

Lawrence E. Woodson

Licensed Embalmer No.

4371

P. O. Address

St. Louis 13 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.