

#89424
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27969
7705

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 yr. (Specify whether years, months or days)
In this community 25 yr.

3. (a) PRINT FULL NAME FRANK MC ALEXANDER

3. (b) If veteran, name was nil 3. (c) Social Security No.

4. Sex male 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 Aug 5 1899 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Restaurant

11. Industry or business Waiter

12. Name Frank

13. Birthplace Mrs. ark (City, town, or county) (State or foreign country)

14. Maiden name Jane

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

16. (a) Informant Mrs. Louis Marx

(b) Address 5225 Minerva

17. (a) Burial (b) Date thereof 9-2-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director J. F. Madack

(b) Address 5051 Bellvue

19. (a) SEP 1 1948 (Date received local registrar) J. F. Madack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County and
(c) City or town Starkloff Memorial (If outside city or town limits, write "RURAL")
(d) Street No. 5225 Minerva
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st year 1948 hour 12 minute 01 AM.

21. I hereby certify that I attended the deceased from Aug 30 1948, to Aug. 31st 48 and that death occurred on the date and hour stated above. (that I last saw h. im alive on Aug. 31st 48)

Immediate cause of death Hematemesis Duration

Due to 2 soporose varies

Due to Carcinoma of Liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/24

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. W. Czebrinski (M. D. or other)

Address 1518 Lafayette 8/31/48 Date signed

(Licensed Embalmer's Statement on Reverse Side) E. W. CZEBRINSKI

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

MOTHER FATHER

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.....

Ronald Yahr
3917

Licensed Embalmer No.....

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.