

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34879
9094
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3635 Laclede Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane			
3. NAME OF DECEASED a. (First) William Roy Alexander b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10-22-1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-25-1889
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Furniture	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME William C. Alexander		13b. MOTHER'S MAIDEN NAME Ellen Bird	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1st World War	17. INFORMANT'S SIGNATURE OR NAME Miss. Ellen Alexander ADDRESS 3635 Laclede Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, generalized.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) Rupture of gangrenous appendix		
		DUE TO (c) Appendicitis and cholecystitis.		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Oct. 14, 1949	19b. MAJOR FINDINGS OF OPERATION Gangrenous appendix with peritonitis and cholecystitis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 5381

22. I hereby certify that I attended the deceased from Aug. 22, 1947, to Oct. 22, 1949, that I last saw the deceased alive on 10/22, 1949, and that death occurred at 2:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Henry Rosenberg</i>	23b. ADDRESS 1467 N. Union Blvd.	23c. DATE SIGNED Oct. 22, '49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
	24d. LOCATION (City, town, or county) St. Louis, Mo.	(State)

DATE REC'D BY LOCAL REG. OCT. 23. 1949	REGISTRAR'S SIGNATURE <i>J. C. Lester</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i> ADDRESS 3840 Lindell Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 12 1945

10-11-45
4467

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Thomas P. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindel

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.