

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6936

FILED MAR 8 1950

State File No.

317

3063

Registrar's No. 474

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Clayton</u> c. LENGTH OF STAY (in this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> d. STREET ADDRESS (If rural, give location) <u>Maryland Heights, Box 70</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERTA</u> b. (Middle) _____ c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/19/50</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5/13/1922</u>	
9. AGE (In years last birthday) <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Maryland Heights, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Luttie Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin Alexander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Alexander</u> ADDRESS <u>Maryland Heights,</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Idiosyncrasy to procaine and/or Ponto-given intrathecally.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Pregnancy at term in arrested labor</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
19a. DATE OF OPERATION <u>2-19-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Post mortem caesarian section, living female fetus delivered</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>6755</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>2-19-1950</u> , to <u>2-19-1950</u> , that I last saw the deceased alive on <u>2-19-1950</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cedric C. Johnson, M.D.</u>				23b. ADDRESS <u>601 Brentwood, Clayton</u>		23c. DATE SIGNED <u>2-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Music Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Music, Missouri</u>	
DATE RECD BY LOCAL HEALTH DEPT. <u>23 1950</u>		REGISTRAR'S SIGNATURE <u>Berbert R. Douke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Gates</u> ADDRESS <u>4107 Finney Avenue</u>			

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

John K. Cunningham

Licensed Embalmer No. *24476*

P. O. Address *4107 Dinney*

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.