

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28013**  
Registrar's No. **7358**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis, 8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2800 N. 14th St.</b>		d. STREET ADDRESS (If rural, give location) <b>214 Missouri Ave. 8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Frank</b> c. (Last) <b>Alred</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 15 51</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>October 4, 1901</b>	9. AGE (In years last birthday) <b>49</b>	if UNDER 1 Year Days <b>10</b> if UNDER 4 Hrs. Min. <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cotton Belt RR.</b>		11. BIRTHPLACE (State or foreign country) <b>Centralia, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Louis Albert Alred</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. Bateman</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wilton Sullivan 252-A N. 10th</b>
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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, ashenia, 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) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY (YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> )
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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)
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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? <b>H/201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:45 P. m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>Patricia B. Taylor, Coroner</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8/17/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/15/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mountt Hope Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 17 1951</b>	REGISTRAR'S SIGNATURE <b>Earl Smith M.D. R.P.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. Kosky</b>	ADDRESS <b>Care St. Louis, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*[Handwritten Signature]*

Licensed Embalmer No. \_\_\_\_\_

*Ill. 7541*

P. O. Address \_\_\_\_\_

*East H. ... Ill.*

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.