

5. No. 300
10. 48

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40187

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3822

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Rural: Airport Southwest</u>	c. LENGTH OF STAY (in this place) <u>33 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>University City 4336</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>		d. STREET ADDRESS (If rural, give location) <u>6631 Washington Ave. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) _____ c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>Abt. 85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Designer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	11. BIRTHPLACE (State or foreign country) <u>New York, N. Y. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Hannah Alexander</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S. Reimann-6631 Washington</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Periphrical vascular failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Unknown since many years 11-30-1950</u> <u>since many years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis</u> DUE TO (c) <u>cerebral accident (thrombosis)</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary artery disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>332X</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 Jan 1, 1951, to Nov 25, 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John Simon M.D. O</u> (Degree or title)		23b. ADDRESS <u>Jewish Sanatorium, Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>11/25/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New York City, N. Y.</u>	

DATE REC'D BY LOCAL REG. <u>11-27-51</u>	REGISTRAR'S SIGNATURE <u>Arthur R. Somber, M.D. Herman Rindskopf</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>5216 - Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

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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 *Peter B. Dubrowder*

Licensed Embalmer No. *3691*

P. O. Address *Radwood Heights, 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.