

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 25527  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 6842

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

1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2199	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 3635 Laclede Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3635 Laclede Ave.		19	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Alexander c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952		
5. SEX M. C		6. COLOR OR HAIR W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	
8. DATE OF BIRTH Nov. 28, 1882		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 7 Days 18	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. d		12. CITIZEN OF WHAT COUNTRY? U.S.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Prop. Alexander Salvage Co.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. d		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William 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) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Ellen Alexander, 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, pneumonia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson Disease (or Paralysis Agitans)</u>		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heat Prostration</u>		1 mo.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 350 XF	

22. I hereby certify that I attended the deceased from 6-13-1952 to 7-14-1952 that I last saw the deceased alive on 7-14-1952 and that death occurred at 5:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. Raymond Clark M.D.</u> (Degree or title)		23b. ADDRESS 4390 West Pine Bl.		23c. DATE SIGNED 7-15-52	
---	--	---------------------------------	--	--------------------------	--

24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE July 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. JUL 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith, Middlebury J. Donnelly		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	
--------------------------------------	--	---	--	---	--

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 me

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

working under my personal supervision.

Student .....

Student Embalmer

Signed W. S. LaFayette

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.