

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43247**  
**11228**  
Registrar's No.

DEC 24 1952  
12-24-52

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

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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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		<b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hotel</b>		d. STREET ADDRESS (If rural, give location) <b>55603 Delmar Blvd</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alice</b>	b. (Middle) <b>E</b>	c. (Last) <b>Albert</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 21st 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days <b>4 10</b>	IF UNDER 24 HRS. Hours Min. <b>4 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Hall</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>

13a. FATHER'S NAME <b>William G.</b>	13b. MOTHER'S MAIDEN NAME <b>Emma G. Mullen</b>	14. NAME OF HUSBAND OR WIFE <b>William Albert</b>
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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>No</b>	16. SOCIAL SECURITY NO. <b>498-14-2193</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara Lorenz Matron</b>	ADDRESS <b>St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	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>Hypertension</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Neutral Stenosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>4201</b>

22. I hereby certify that I attended the deceased from **Oct 19 52**, to **Dec 19 52**, that I last saw the deceased alive on **Dec 3 19 52**, and that death occurred at **7:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. W. J. Harris M.D.</b>	(Degree or title)	23b. ADDRESS <b>706 Chestnut St.</b>	23c. DATE SIGNED <b>Dec. 5 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Dec. 6, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles Rock Rd Mo</b>
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DATE REC'D BY LOCAL REG. <b>DEC 6 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. D. Bull-Campbell</b>	ADDRESS <b>Mortuary 424 Windsor</b>
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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 \_\_\_\_\_

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working under my personal supervision.

Student .....  
Student Embalmer

Signed Rex C. Campbell  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3881

P. O. Address St Louis 8, 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.