

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11153
2519

State File No.

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>HOMER Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>21 2729A LAWTON AVE.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>MRS. Willie</i> b. (Middle) <i>Alexander</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>3-5-53</i>	
5. SEX <i>FEM 3</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unmarried</i>	8. DATE OF BIRTH <i>10-7-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Thomas Variety Store</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Columbus Miss</i>
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <i>Bud Johnson</i>	13b. MOTHER'S MAIDEN NAME <i>Idella Beyton</i>	14. NAME OF HUSBAND OR WIFE <i>Wes Alexander</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs. Suzie Mitchell Compton</i>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Intra-cerebral</i> DUE TO (c) <i>Hemorrhage</i>		
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)
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? <i>331x</i>

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 5:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wesley Clark</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3/6/53</i>
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24a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3/9/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>MAR 6 1953</i>	REGISTRAR'S SIGNATURE <i>W. C. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Mr. H. W. Breece 4469 Washington</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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

Fredrick B. Stark

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.