

FILED JUL 2-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22691
Registrar's No. 5987

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5987		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1201 Aubert Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples' Hospital				d. STREET ADDRESS 1201 Aubert Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) C. c. (Last) Alexander			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1953					
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 20, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HRS. Hours 11 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk (Retired)		10b. KIND OF BUSINESS OR INDUSTRY U.S. P. O.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Samuel C. Alexander		13b. MOTHER'S MAIDEN NAME Hattie Carroway		14. NAME OF HUSBAND OR WIFE Emma Alexander				
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. 496-30-3401		17. INFORMANT'S SIGNATURE OR NAME Emma Alexander ADDRESS 1201 Aubert 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 14 days Un Known	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 14 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X				
22. I hereby certify that I attended the deceased from May 31, 1953 , to June 14, 1953 , that I last saw the deceased alive on June 13, 1953 , and that death occurred at 5:18 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE R. E. Smith M.D. (Describe or title)				23b. ADDRESS 11 N Jefferson		23c. DATE SIGNED 6-15-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 17, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. JUN 16 1953		REGISTRAR'S SIGNATURE R. E. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney Ave				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.