

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36979

State File No.

Registrar's No. **10175**

FILED **NOV 12 1953**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <p align="center">None</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Illinois</p>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Louis</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Chicago, 8120 8</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Peoples Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">4341 Langley St.</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Florence</p>			b. (Middle) <p align="center">ALEXANDER</p>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">October 24, 1953</p>		
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5. SEX <p align="center">Female 3</p>		6. COLOR OR RACE <p align="center">Negro</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>		8. DATE OF BIRTH <p align="center">Nov. 2, 1873</p>		9. AGE (In years last birthday) <p align="center">79</p>		10. IF UNDER 1 YEAR Months		11. IF UNDER 2 HRS. Hours		12. IF UNDER 30 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Domestic</p>				10b. KIND OF BUSINESS OR INDUSTRY <p align="center">none</p>				11. BIRTHPLACE (City and State or Foreign Country) / <p align="center">Arlington, Tennessee</p>				12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>			
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13a. FATHER'S NAME <p align="center">W.H. Hammond</p>				13b. MOTHER'S MAIDEN NAME <p align="center">unknown</p>				14. NAME OF HUSBAND OR WIFE <p align="center">Harrison Alexander</p>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p align="center">no</p>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <p align="center">none</p>		17. INFORMANT'S SIGNATURE OR NAME Apt 2 ADDRESS <p align="center">Mrs. Noble Church - 5614 Wabash, Chi. Ill</p>					
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <p align="center"><i>Ruptured Appendix & Peritonitis</i></p>										DUE TO (a)		5 days	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>										DUE TO (b)		1 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>													

19a. DATE OF OPERATION <p align="center">10-20-53</p>				19b. MAJOR FINDINGS OF OPERATION <p align="center"><i>Gangrenous Ruptured Appendix & Peritonitis</i></p>								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 apartment home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">5501</p>			

22. I hereby certify that I attended the deceased from 10-18, 1953, to 10-24, 1953, that I last saw the deceased alive on 10-24, 1953, and that death occurred at 4:27 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center"><i>Leona B. Smart MD</i></p>				23b. ADDRESS <p align="center">4069th Easton Ave</p>				23c. DATE SIGNED <p align="center">10-25-53</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Shipping</p>		24b. DATE <p align="center">10/26/53</p>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <p align="center">Chicago, Illinois</p>	
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DATE REC'D BY LOCAL REG. <p align="center">OCT 26 1953</p>		REGISTRAR'S SIGNATURE <p align="center"><i>J. Carl Smith MD</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Atkins Bros. Und. Co., 3644 Finney Ave.</p>			
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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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Enright A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.