

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> - b. COUNTY <b>ST. FRANCIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>BONNE TERRE</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>BONNE TERRE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <b>324 FULTON 09410</b>		
3. NAME OF DECEASED a. (First) <b>PAUL</b> (Type or Print)			b. (Middle) <b>Morrison</b>	c. (Last) <b>ALEXANDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 9 - 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept 7 - 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>RET. R. R. WORKER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BONNE TERRE - MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EDWARD ALEXANDER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA KEATON LEW ELLYN ALEXANDER</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. MARTHA ALEXANDER, BONNE TERRE, MO.</b>		
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) <b>Cerebral thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH. <b>1 1/2 yrs.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Hypertensive cardiovascular disease</b>			5 yrs.		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>443x</b>					
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/15/54</u> , 19 <u>  </u> , to <u>9/15/55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>9/15/55</u> , 19 <u>  </u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title) <b>John W. Miller M.D.</b>			23b. ADDRESS <b>Bonne Terre, Mo.</b>		23c. DATE SIGNED <b>10/12/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>10-12-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BONNE TERRE CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE - MO.</b>	
DATE REC'D BY LOCAL REG <b>Oct. 12, 1955</b>	REGISTRAR'S SIGNATURE <b>Ester Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer-Burton</b>		ADDRESS <b>Bonne Terre Mo.</b>

OCT 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No. *30*

P. O. Address *Leahy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.