

No. 300
10-28

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40130

FILED DEC 10 1956

State File No. _____
Registrar's No. 2795

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY St. Louis		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 Koch, Mo		c. LENGTH OF STAY (In this place) 30 days c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1946 a Sidney	
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) (NMI)	
c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) 11-25-56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-31-89
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Alexander		13b. MOTHER'S MAIDEN NAME Jenny Kubick	
13c. NAME OF HUSBAND OR WIFE Helen Alexander		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I		16. SOCIAL SECURITY NO. 89-05-3750	
17. INFORMANT'S SIGNATURE OR NAME Records Koch Hospital		ADDRESS Koch, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 002x	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 10-26 , 1956, to 11-25 , 1956 that I last saw the deceased alive on 11-25 , 1956, and that death occurred at 4:20 p. m. , from the causes and on the date stated above.	
23a. SIGNATURE H. A. Harris (Degree or title) MD		23b. ADDRESS Koch Hospital Koch, Mo	
23c. DATE SIGNED 11-26-56		24. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	
24a. DATE Nov. 28 1956		24b. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. 11-27-56		REGISTRAR'S SIGNATURE Robert A. Dombey MD	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kite		ADDRESS 2906 Gravois	

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.....
Signature of Student Embalmer

Signed.....
Leo J. Brea

Licensed Embalmer No. 3788

P. O. Address St. Louis, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.