Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003684
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2021

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN: ~~St. Louis~~ CLAYTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis County Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis 2129 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5061 Cates — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Everett Middle: Franklin Last: Alexander

4. DATE OF DEATH: Month: January Day: 19 Year: 1959

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 21, 1941

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arling M. Alexander

13b. MOTHER'S MAIDEN NAME: Tiny Blackwell

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——————

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Tiny Alexander Address: 5061 Cates

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple severe traumatic injuries of lower extremities and chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Car which he was operating was involved in collision with a tractor and trailer

20c. TIME OF INJURY: Hour: 6:30 a.m. ~~p.m.~~ Month, Day, Year: 1/19/59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 38 public road

20f. CITY, TOWN, OR LOCATION: COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Harris Coroner

22b. ADDRESS: Clayton, Mo.

22c. DATE SIGNED: 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/26/59

23c. NAME OF CEMETERY OR CREMATORY: Washington Park

23d. LOCATION (City, town, or county) (State): Berkley, Missouri

24. FUNERAL DIRECTOR: E. B. Krone ADDRESS: 1221 N. Broad

25. DATE RECD. BY LOCAL REG.: 1-21-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blankhorn

Licensed Embalmer No. 3962

P. O. Address 1221 N Gra

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.