

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033363

AMENDED

Registration District No. 162Primary Registration District No. 5595Registrar's No. 91

STATE FILE NUMBER

FILED SEP 20 1961

1. PLACE OF DEATH

a. COUNTY

Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kimmswick, MissouriLength of stay in lb
9 monthsc. CITY
OR
TOWNSt Louis Mo.Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Four Oaks Nursing H.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS1056 Wyland Ct
(If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Carrie

Middle

Alexander

Last

4. DATE
OF
DEATHMonth
9Day
8Year
61

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/25/1874

9. AGE (last birthday)

87IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Philip Boehm

13b. MOTHER'S MAIDEN NAME

Elizabeth Unknown

14. NAME OF HUSBAND OR WIFE

James 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.

None

17. INFORMANT

Address

Audrey Kargus 1056 Wyland Ct.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH5 yrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/20/61 to 9/8/61 and last saw him alive on 9/8/61
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)

Charles Bernside MD

22b. ADDRESS

206 W Argonne Rd St Louis 22

22c. DATE SIGNED

9/8/6123a. BURIAL, CREMATION,
REMOVAL (Specify)Removal

23b. DATE

9-11-61

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

23d. LOCATION (City, town, or county)

St. Louis CountyMo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser South 4228 Kghwy

25. DATE RECD. BY LOCAL REG.

9-11-61

26. REGISTRAR'S SIGNATURE

Robert E Bauer

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1961

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 E. Allen A. McSennett

Licensed Embalmer No. 3024

P. O. Address _____

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.