

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003409

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **547** STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **4051 St. Louis Ave** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS **4051 St. Louis Ave** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Archie Alexander 4. DATE OF DEATH Month Day Year 1- 10- 62

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-15-1908-50 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY House Wife 11. BIRTHPLACE (City and state or country) Marvarla Ark 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Archie Whitlock 13b. MOTHER'S MAIDEN NAME Alice Woody 14. NAME OF HUSBAND OR WIFE John Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address John Alexander, 4051 St. Louis A

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Bilateral lobar pneumonia** INTERVAL BETWEEN ONSET AND DEATH **10 days**
 DUE TO (b) _____
 DUE TO (c) _____ **490x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Depression** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. 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 INJURY Hour 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 **Jan. 1, 1962** to **Jan. 10, 1962** and last saw her alive on **Jan. 9, 1962**
 Death occurred at **1-10-62 at 10 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **C. M. Turner M.D.** (Degree or title) 22b. ADDRESS **3861 St. Louis** 22c. DATE SIGNED **1-12-62**

23a. BURIAL, CREMATION, or other disposal (Specify) **Burial** 23b. DATE **1-16-62** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) **Jefferson Barrack Mo**

24. FUNERAL DIRECTOR **Williams Funeral** ADDRESS **5511 St Louis Ave** 25. DATE RECD. BY LOCAL REG. **JAN 13 1962** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 2911 Fran

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.