MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048902

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3751

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4031
2 4029
3
4 1
5 2
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7 0
8 2
9 4200
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12 86-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH – a. COUNTY: St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 4 Months

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Charles 1st Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Ladue — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): #7 Robin Hill — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Matha Middle: ALEXANDER Last:

4. DATE OF DEATH Month, Day, Year: December 21, 1962

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-23-80

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HR: 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): Pierce City, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: George Scherubel

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Junius W. Alexander

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.: ---

17. INFORMANT: Address: Mrs. Walter Ashe, #7 Robin Hill

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): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cardiac Decompensation — 3 years

DUE TO (c): Arteriosclerotic Heart Disease — 10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute bronchitis; Acute cystitis

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 May 1958 to December 1962 and last saw her/him alive on Dec. 17, 1962

Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert M. Launch, M.D.

22b. ADDRESS: 52 Maryland Plaza

22c. DATE SIGNED: 22 Dec 1962

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

23b. DATE: 12-24-62

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

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

24. FUNERAL DIRECTOR: Arthur J. Connolly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: 12-22-62

26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Rausch
52 Maryland Plaza
FO 7-8844

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_____ Signed Francis Williamson
Signature of Student Embalmer

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.