

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-049485

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12452

FILED JAN 30 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

Original of 2 in underlyng document  
 BY AFFIDAVIT OF

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Illinois b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                  |  | Length of stay in 1b<br>37 days  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Vets. Adm. Hosp. |  | c. CITY OR TOWN Belleville   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  | d. STREET ADDRESS (If outside, give location)<br>420 S. High St.   |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |  |  |  |

|                                     |                           |                  |                  |
|-------------------------------------|---------------------------|------------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First Middle Last         | 4. DATE OF DEATH | Month Day Year   |
|                                     | Harvey Woodruff Alexander |                  | December 25 1962 |

|        |                  |   |                  |                        |                 |                |
|--------|------------------|---|------------------|------------------------|-----------------|----------------|
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR |
| Male   | White            |   | 12/6/78          | 81                     | 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 | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
| Laborer   | Retired                           | Fayetteville, Tenn.                        | USA                         |

|                    |                           |                             |
|--------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Unk                | Unk                       | none                        |

|  |                         |               |  |
|--|-------------------------|---------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address  |
| Yes  | SPAW                    | Ted Alexander | 7900 LaPorte Freeway Apt. 502, Houston 17, Texas |

|  |                                  |
|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:         | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Septicemia Pulmonary Abscess   | 4 days                           |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |
| DUE TO (b) Post Op. Common Duct Exploration  | 10 days                          |
| DUE TO (c) 4500  |                                  |

|   |   |
|---|---|
| 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.                   |
| Generalized Arteriosclerosis  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|--|---|--|

|                     |                       |  |  |                              |        |       |
|---------------------|-----------------------|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY | Hour Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 11/19/62 to 12/25/62 and last saw him alive on 12/25/62 |
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|--|
| Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |  |                              |
|---|--|------------------------------|
| 22a. SIGNATURE<br>Ira M. Dushoff, M. D. | 22b. ADDRESS<br>VAH, St. Louis, Missouri | 22c. DATE SIGNED<br>12-25-62 |
|---|--|------------------------------|

|  |                       |   |   |
|--|-----------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal | 23b. DATE<br>12/26/62 | 23c. NAME OF CEMETERY OR CREMATORY<br>Green Mount | 23d. LOCATION (City, town, or county) (State)<br>Belleville, Illinois |
|--|-----------------------|---|---|

|  |   |   |
|--|---|---|
| 24. FUNERAL DIRECTOR<br>George M. Renner, Belleville, Illinois | 25. DATE RECD. BY LOCAL REG.<br>Dec. 27, 1962 | 26. REGISTRAR'S SIGNATURE<br>Joan Smith, M.D. |
|--|---|---|

USE BLACK INK OR TYPEWRITER RIBBON

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**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 not embalmed Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George M. Penner

Licensed Embalmer No. 5051

P. O. Address Bellemead, Ill.

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.