

FILED MAY 18 1949

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No. 17034

Registrar's No. 4124

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.								
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS 4021 McRee										
3. NAME OF DECEASED (Type or Print)			a. (First) JAMES			b. (Middle) ALEXANDER			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 6th, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-12-1876			9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Telegraph Operator				11. BIRTHPLACE (State or foreign country) Jamestown, Mo.			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James P Alexander				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Edna						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME J. M. Alexander				ADDRESS 4021 McRee		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pyelonephritis Chronic</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1335								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 6000								
22. I hereby certify that I attended the deceased from 4/18/49 to 5/6/49, that I last saw the deceased alive on 5/6/49, 1949, and that death occurred at 7:35am from the causes and on the date stated above.														
23a. SIGNATURE <i>W. Carter</i>						23b. ADDRESS 1515 Lafayette Av.,			23c. DATE SIGNED 5/6/49					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-9-49		24c. NAME OF CEMETERY OR CREMATORY St. James, Mo.				24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG MAY 8 1949		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>M. J. Croghan</i>						ADDRESS 7146 New Center		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.