MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6918

File No. 2006

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 4215 Botanical Avenue St. Ward)

Registration District No. 791

Primary Registration District No. 1027

2. FULL NAME William Sydney Alexander

(a) Residence, No. 4215 Botanical Avenue St. 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabelle Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14th, 1892

7. AGE: Years 39 | Months 3 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Parlor 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspector. State Board Of Health

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Frank Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Catherine Priesterbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Isabelle Alexander
(ADDRESS) 4215 Botanical Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE March 2, 1932

19. UNDERTAKER Ulrich Bros.
(ADDRESS) 2201 S. Grand Boulevard

20. FILED MAR 1 1932 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

Not Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset

X2A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner M. D.

(Address) Dep. Coroner

3/29/32

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD