

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

Do not use this space.

35229

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **108**
City **St. Louis Mo** (No. **Barnes Hospital**)

File No. _____
Registered No. **9455**
St. _____ Ward _____

2. FULL NAME

Jean Alexander
(a) Residence, No. **3945 Magnolia** St., **17** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 3 - 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	42	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Horsekeeper**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME **Frank Alexander**

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

15. MAIDEN NAME **Catherine Quisterbach**

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

17. INFORMANT **Frank Alexander** (ADDRESS) **3945 Magnolia Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marys** DATE **Nov. 2nd, 1933**

19. UNDERTAKER **Wick Bros** (ADDRESS) **2201 S. Grand Blvd.**

20. FILED **NOV - 2 1933** **J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 30 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **10 - 19 - 1933**, to **10 - 30 - 1933**

I last saw him alive on **10 - 30 - 1933**. Death is said to have occurred on the date stated above, at **9:00 a.m.**

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

Embolism of lungs 5 mis. before death (Post-operative) Date of onset _____

1393
1396
1398

Other contributory causes of importance: **Chronic Salpingitis**

Chronic Salpingitis
not diagnosed until

Name of operation **Salpingo-oophorectomy** Date of **10/20/33**

What test confirmed diagnosis? _____ Was there an autopsy? **no**

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? **no**

If so, specify _____ (Signed) **H. J. Crossen**, M. D.
(Address) **6950 Pershing**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 3 1934

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