

REC'D FEB 10 1939

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

909
 Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **909**
 (c) City St. Louis..... (d) Street No. 6175a Delmar Blvd...... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Guthrey Alexander

(a) Residence, No. 6175a Delmar Blvd...... St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Terece Schleper Alexander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as 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) Marshall,
 (STATE OR COUNTRY) Missouri

13. NAME M. Harvey Alexander

14. BIRTHPLACE (CITY OR TOWN) Waynesboro,
 (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Eliza Hawkins Guthrey

16. BIRTHPLACE (CITY OR TOWN) Yonkers,
 (STATE OR COUNTRY) New York

17. INFORMANT Terece S. Alexander
 (ADDRESS) 6175a Delmar Blvd.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan. 31, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons
 (ADDRESS) 6175 Delmar Blvd.

20. FILED JAN 30 1939 J. B. Bridgick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1938, to Jan 28th, 1939

I last saw him alive on Jan 28th, 1939. Death is said to have occurred on the date stated above, at 2:05 p.m.

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

Cerebral myocarditis of long standing

Date of onset

Other contributory causes of importance:
Atrophic Hepatic Cirrhosis
Chronic Mitral insufficiency

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

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

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 John A. Kouzichuan, M. D.

(Signed) John A. Kouzichuan, M. D.
 (Address) 6677 Delmar Blvd

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,

Joseph E. McCulloch

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Joseph E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6125 Delmar*

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, above space should be left blank.