

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.

REC'D APR 12 1939

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

8465
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City or St. Louis Mo. (d) Street No. City Hosp. No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chester Walker Alexander

(a) Residence, No. 2103 Maury Ave. St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Urnia Alexander</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14 1884</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>10</u>	DAYS <u>21</u>	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Purchasing Agt.</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Chevrolet Motor</u>			
	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) <u>Ashley Ill. 1</u>				
FATHER	13. NAME <u>J. M. Alexander 1</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellville Ill. 1</u>			
MOTHER	15. MAIDEN NAME <u>Mary F. Walker</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Ill. 0</u>			
17. INFORMANT <u>Lois Alexander 221</u> (ADDRESS) <u>2103 Maury Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial Pk</u> DATE <u>3/8/39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Edith E. Ambruster</u> (ADDRESS) <u>1123 1/2 Manchester Ave.</u>				
20. FILED <u>MAR 8 1939</u> <u>J. B. Ambruster</u> (Signature) Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/1939 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 3:40 m.
 The principal cause of death and related causes of importance were as follows:
Fracture of Skull, Leg, and Pelvis, Ruptured Aorta, Hemorrhage of Brain when struck by Ford Sedan driven by one Howard Sharpe
 Date of onset about 9:30 P.M. March 2 - 1939
 at the intersection of Vanderwerker and Leibel
 Name of operation accident Date of.....
 What last 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 3/5/39
 Where did injury occur?..... (Specify city or town, county, and State)
Public Place
 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) Joseph M. Quinn
 (Address) Deputy Coroner

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1284

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, above space should be left blank.