

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

997

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **997**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **HOMER C. PHILLIPS**
(d) Length of stay: In hospital or institution **12-25-34 to 1-28-40**
In this community **several** years, months or days **19 22**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **1305 So. Chaptin**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

JONAS ALEXANDER

3. (b) If veteran, name war **No**

3. (c) Social Security No. **49-16-7550**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28** year **1940** hour **11.25** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **COL**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPT 23 1917**
(Month) (Day) (Year)

8. AGE: Years **22** Months **4** Days **4** If less than one day **11 hr. 25 min.**

9. Birthplace **ARK (PINKNEY)**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABOR**

11. Industry or business _____

12. Name **Jonas Alexander**

13. Birthplace **Ark Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucille**

15. Birthplace **Ark Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Carl Alexander**

17. (a) **St. Louis** (b) Date thereof **2-3-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Carl Alexander**

19. (a) **JAN 31 1940** (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death: **Diffused Hemorrhagic Peritonitis, Penetrating Stab Wound of Left Chest and Abdomen, Stab Wound of Stomach, at the hands of Lore Johnson, Saddle Creek St. 2837 Olive St. about 1:45 AM. Dec. 25 1939**

Other conditions (include pregnancy within 3 months of death) _____

Major findings of autopsy: **HA**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **Dec 25 1939**

(c) Where did injury occur **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**
(Specify type of place) (e) Means of injury **Knife**

28. Signature _____

Address _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
1 X1931

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.

....., Registered Apprentice No.

Signed.....

A. J. Habon

Licensed Embalmer No.

2698

P. O. Address.....

2769 a route

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.