

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5560 Pershing,
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME FRANK J. ALEXANDER.

3. (b) If veteran, name war _____

3. (c) Social Security No. unk

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude G. Alexander

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

7. Birth date of deceased July 1st 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	8	0	hr. _____ min. _____
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9. Birthplace Urbana, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Alexander Insurance Agency

MOTHER FATHER { 12. Name Alexander W. Alexander.

18. Birthplace Pa.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Jarvis

15. Birthplace Piqua Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Maude G. Alexander

(b) Address 5560 Pershing Ave

17. (a) Burial (b) Date thereof 3-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director G. R. Lupton & Sons

(b) Address 7233 Delmar Bldg.

19. (a) MAR 4 1940 (b) _____
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1940 hour 2 minute 25 P. 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.

Immediate cause of death Self administered Duration _____

of Mercury Poisoning

Due to _____

Due to Feb 20 - 1940 - Time

Other conditions Cause and manner
(Include pregnancy within 3 months of death)

Major findings: Acute Nephritis PHYSICIAN _____

Of operations: Acute Enteritis

Of autopsy: Toxic Nephritis

Suicide

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 2/20/40

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Joseph M. ...

Address Deputy Registrar

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*Dr Bruce Johnson
3720 Washington
SE 4515*

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.....

P. O. Address.....

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.