

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

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.

Registration District No. 784 Primary Registration District No. 200 State File No. _____ Registrar's No. 605

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Rural Lemay Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lemay, Mo. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 years

3. (a) PRINT FULL NAME Howard Z. Alexander 425
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Charlotte Ober 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Jan. 2 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Pullman Conductor
 11. Industry or business R.R.

MOTHER FATHER { 12. Name Joseph Alexander
 13. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Turley
 15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charlotte Alexander
 (b) Address 7 Lemay, Mo. Ave.
 17. (a) Burial (b) Date thereof Mar. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barklawn Cemetery
 18. (a) Signature of funeral director John Ziegenhagen
 (b) Address 7027 Gravois Ave.
 19. (a) MAR 27 1940 (b) W. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Rural
(If rural, give location)
 (d) Street No. Lemay, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 26
 year 1940 hour 9 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 9-6-39
 _____, 19____, to 3-12, 1940
 that I last saw him alive on 3-12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Esophagus 1 1/2 yrs.
 Due to (Squamous Cell Carcinoma)
 Due to Transition
 Other conditions Hypertension 1 year
Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings: Biopsy - Squamous cell.
 Of operations _____
 Of autopsy Not done 4/6
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature A. J. Steiner (M. D. or other) MD
 Address 1331 Telegraph Rd Date signed 3/27/39

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Illinois*

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.