

STANDARD CERTIFICATE OF DEATH

State File No. 30823

791

1003

8100

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3800 Humphrey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3800 Humphrey
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ferdinand S. Alexander 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec. 21 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 89 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Armstrong

13. Birthplace Center, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annanda

15. Birthplace Center, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Alexander

(b) Address 2504 Woodson Rd. - Overland, Mo.

17. (a) Burial (b) Date thereof 9-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center, Mo.

18. (a) Signature of funeral director William H. ...

(b) Address 2504 Woodson Rd. - Overland, Mo.

19. (a) SEP 29 1940 (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-11-40 to 9-27-40
that I last saw her alive on 9-27-40
and that death occurred on the date and hour stated above.

Immediate cause of death Central apoplexy Duration 2 da

Due to Hypertension
General arteriosclerosis 3 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy no

PHYSICIAN
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? _____

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

23. Signature E. E. Vogel (M. D. or other) MD

Address 3325 S Grand Date signed 9-29-40

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

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

Gustave R. Bauman

Licensed Embalmer No.

2315

P. O. Address

Overland, WA

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.