

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33140

REC'D OCT 10 1940

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1667

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4023 Cedarwood Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None 2
(Specify whether)

In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Alice F. Alsop

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife G. Dudley Alsop

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 16, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>15</u> hr. min.

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

10. Usual occupation At home

11. Industry or business 1

12. Name David W. Durham

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

14. Maiden name Mollie Bennett

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

16. (e) Informant G. Dudley Alsop

(b) Address 4023 Cedarwood Ave

17. (a) Burial (b) Date thereof 9/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP - 3 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 4023 Cedarwood Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1,
year 1940 hour 3:50 AM minute M.

21. I hereby certify that I attended the deceased from
....., 19....., to, 19.....;

That I last saw h. alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Diabetes Mellitus 15 yrs.

Due to

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
No (Specify type of place)

While at work? No (e) Means of injury

23. Signature [Signature] (M. D. or other) 5

Address [Signature] Date signed 9/4/40

(Licensed Emballer's Statement on Reverse Side)

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 *William G. Buckholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.