

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10792

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:
1504 Tamm Ave.
(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 _____

3. (a) PRINT FULL NAME Ruben H. Alexander

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Anna Alexander 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. Nov. 14 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 14 hr. min.

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

10. Usual occupation Farmer & Laborer

11. Industry or business Silica Mine

12. Name Wm. A. Alexander

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

14. Maiden name Nancy Cole

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

16. (a) Informant J. W. Alexander

(b) Address 1504 Tamm Ave.

17. (a) Cremation (b) Date thereof. 12-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Drehmann-Harral
(b) 1905 Union Blvd.

19. (a) DEC 30 1940 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Robertsville N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-21
1940, to Dec-28, 1940,
that I last saw him alive on Dec-21, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(c) Means of injury _____
23. Signature J. F. Brudeck (M. D. or other) _____
Address 200 Union Highway (Date signed) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2500 S. Kingsley Avenue
1-3 P. view
No 3053

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.....

A. R. Thompson, Registered Apprentice No. 249
working under my personal supervision

Signed B. M. Sanford
Licensed Embalmer No. 2273

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, fact should be so stated above.