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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 13 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12687
3117
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 4637 Delor St.
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Theodore M. Alexander

3. (b) If veteran, name war None
3. (c) Social Security No. 488-07-9618

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Alexander
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Feb. 5th 1910
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 2
If less than one day hr. min

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

10. Usual occupation Millworker Planing Mill

11. Industry or business

12. Name Theodore Alexander
13. Birthplace Charlotte North Carolina
14. Maiden name Dona Belle Brown
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Alexander
(b) Address 4637 Delor St.

17. (a) burial (b) Date thereof 4-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park Cem.

18. (a) Signature of funeral director Kriegsshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR - 8 1941 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1941 hour 2 30 minute 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
Coronary Thrombosis

Due to
Due to

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

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

23. Signature Alfred Kriegsshauser M. D. or other
Address Date signed 4/9/41

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 Edwin M. Bennett
Licensed Embalmer No. 3024
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.