

No. 2  
-1-4-41  
5-17-39  
X23390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 20273  
Registrar's No. 5085

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis 1711  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4356 Garfield 5  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Edward Alexander  
(b) If veteran, name war  
(c) Social Security No. 492-01-7220

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 16  
year 1941 hour 9:20 minute A.M.

4. Sex Male 9  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Geneva Alexander  
(c) Age of husband or wife if alive 43 years  
7. Birth date of deceased 4 11 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 23 1941 to June 16 1941  
that I last saw him alive on June 16 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 2 Days 5  
If less than one day hr. min.

Immediate cause of death Pulmonary Tuberculosis  
Duration 9-10 months

9. Birthplace Natchez, Miss.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Porter

Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)

11. Industry or business International Shoe Co.  
12. Name Ernest Alexander  
13. Birthplace ? Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Carter  
15. Birthplace Natchez, Miss.  
(City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy

16. (a) Informant Geneva Alexander  
(b) Address 4356 Garfield  
17. (a) Burial (b) Date thereof 6/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

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

18. (a) Signature of funeral director Russell Und., Co.  
(b) Address 2732 Pine Street  
19. (a) JUN 21 1941 (b) T. P. Bredeh  
(Date of local registrar) (Registrar's signature)

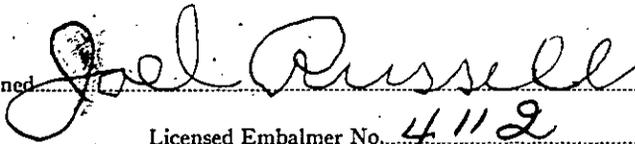
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature (Specify type of place) (a) (b) Means of injury  
Date signed

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 .....  
Licensed Embalmer No. 4112.....

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.**