

REC'D JAN 24 1942 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9879

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ella Mae Alexander

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Morgan Alexander 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased February 3d 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 10 7 hr. min.

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

10. Usual occupation Maid

11. Industry or business Private Family

12. Name Lawrence Irons

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

14. Maiden name Mamie Thompson

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Morgan Alexander
(b) Address 4372 Page Blvd.

17. (a) Burial (b) Date thereof Dec. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's Dicksons Cem.

18. (a) Signature of funeral director Chas. Stets
(b) Address 4107 Pinney Ave.

19. (a) SEC 13 1941 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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. 3936 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1941 hour 9:15 minute P.M.

21. I hereby certify that I attended the deceased from December 2,
1941 to December 10, 1941
that I last saw her alive on December 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute pulmonary Edema
Due to Secondary anemia and
blood transfusions

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

Major findings: _____
Of operations _____
Of autopsy As above

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 _____
3. Signature J. F. Bedeck (M. D. or other) _____
Address 822 N Jefferson Date signed 12/14/41

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

MOTHER FATHER

179

15 1941

STATEMENT BY LICENSED EMBALMER

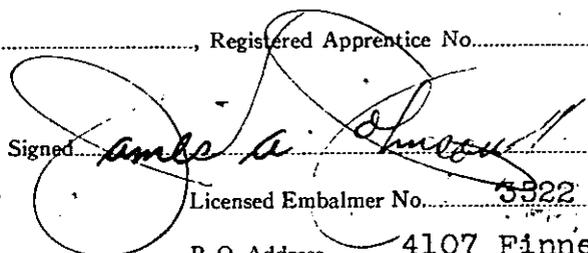
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

, Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3822

P. O. Address 4107 Finney Ave.

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.