

FILED JUN 15 1942

1003

Registrar's No.

Registration District No.

Primary Registration District No.

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: Hamor Phillippe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 Easton ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 30th
year 1942 hour 9:00 minute A. 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: Internal hemorrhage from stab wound of rt. lung & rt. internal mammary.
Due to artery; inflicted with a knife in the hands of one
Due to Chas. Williams, Col. in a tavern at 1015 N. Harrison Ave
Other conditions: about 11 P.M. May 29, 1942
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Operations: _____
autopsy: None
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME David Alexander

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-03-4738

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased (Month) Oct (Day) 10th (Year) 1921

8. AGE: Years 40 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Charlie Alexander

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

14. Maiden name Mary Lewis

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

16. (a) Informant Lucille Alexander

(b) Address 4401 Blair ave

17. (a) Burial (b) Date thereof 6-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. Kandle Person

(b) Address 3133 Bell ave

19. (a) JUN (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence May 29, 1942

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 5/31/42

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. *2498*

P. O. Address *2769 Chouteau*

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.