

FILED DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 9686

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
In this community 1 1/2 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Alexander Block

3. (b) If veteran, name war None 3. (c) Social Security No. 430141848

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary block 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 1st 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>6</u>	<u>18</u>	hr. _____ min.

9. Birthplace Monticello Ark.  
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation Porter

11. Industry or business Store

12. Name Jeff Block

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

14. Maiden name Minnie Mills

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

16. (a) Informant Mary Block

(b) Address 3736 Page ave

17. (a) Burial (b) Date thereof 11/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seagraves Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Ruesas ave

19. (a) NOV 20 1942 (b) J. F. Bredeck  
(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. 3736 Page (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,  
year 1942 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from November 9, 1942 to November 18, 1942;  
that I last saw him alive on November 18, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (Autopsy) Prob. 10 days  
Duration

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?..... (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 P. E. Smith (M. D. or other)  
Address 2601 W. Wheeler Date signed 11/19/42

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

18

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**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..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *7649 Delmar*

**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.**