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OM-5-42  
ev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38414

FILED DEC 21 1942  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10510

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 G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether  
years, months or days) 36 years (Specify whether  
years, months or days)

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. 2224 Walnut (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Blaine Alexander

3. (b) If veteran, name war 11 3. (c) Social Security No. 4-89-18-9556

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

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

7. Birth date of deceased February 8, 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10,  
year 1942 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from November 20, 1942 to December 10, 1942;  
that I last saw him alive on December 10, 1942;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>52</u>	<u>10</u>	<u>2</u>	hr. min.

Immediate cause of death.....  
Hypertensive Heart Disease  
Left Hemiplegia

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration  
Unknown  
2 weeks

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

10. Usual occupation Janitor

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Alexander

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

14. Maiden name Clara Jones

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

16. (a) Informant Shirley M. Smith  
(b) Address 2601 N. Whittier

17. (a) Buried (b) Date thereof Dec 15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes  
(b) Address 2620 Stanton

19. (a) DEC 14 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature J. E. Aquila (M. D. or other)  
Address 2601 Whittier Date signed 12/14/42

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

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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.....

*Lyda Higher*

Licensed Embalmer No.....

*2938*

P. O. Address.....

*St Louis mo*

**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.**