

FILED JAN 14 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38415**
 Registrar's No. **76**

Registration District No. **318**

Primary Registration District No. **1003**

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 **O**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 days
(Specify whether
 In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME Ida Mae Alexander

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

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Vollie Alexander 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased March 1 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 1 If less than one day
hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

MOTHER FATHER { 12. Name B. F. Hobson
 { 13. Birthplace Houlka Miss
(City, town, or county) (State or foreign country)
 { 14. Maiden name Laura Bugas
 { 15. Birthplace Houlka Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Vollie Alexander
 (b) Address 2635 Spruce St.

17. (a) Removal (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houlka Miss

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 S Toddard St

19. (a) JAN 5 1943 (b) J. F. Brudeck
(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. 2635 Spruce St
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
 year 1943 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 31, 1942 to January 2, 1943
 that I last saw her alive on January 2, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Ruptured Pyosalpinx (Autopsy) Duration 2 days
Peritonitis (Autopsy) 2 days

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) (e) Means of injury 5

23. Signature E. L. Dickson (M. D. or other)

Address Abbeville Date signed 1/4/43

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

20
9
9

00
2/19
9

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 L. Boyk
....., Registered Apprentice No. IM
working under my personal supervision.

Signed Lommie Boykin
Licensed Embalmer No. 2946
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.