

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 10 1945

Primary Registration District No. 3068

Registrar's No. 581

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Maplewood, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 041  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5560 Pershing Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAUDE G. ALEXANDER.

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

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.  
6. (b) Name of husband or wife Frank J. Alexander. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 22, 1879.  
(Month) (Day) (Year)

8. AGE: 65. Years 6. Months 9. Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Gerber  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name unk.  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Alexander

(b) Address 5560 Pershing Avenue

17. (a) burial. (b) Date thereof 3-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Bly'd.

19. (a) MAR 1 1945 E. G. McCAVRAN M.D. M. P. H.  
(Date received local registrar) (Signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st,  
year 1945. hour 2 minute A. M.

I hereby certify that I attended the deceased from March 29, 1945 to Mar 1st 1945  
that I last saw her alive on Feb. 28 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Right hemiplegia Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 8301  
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 0

23. Signature E. G. McCavran (M. D. or other) M.D.

Address 4500 Olive Date signed 3-1-45

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

6-11-6

JAN 31 1950

Dr John W. Henderlite.  
Lister Bld'g, 4500 Olive,  
FO:3800.  
Hrs.. 3 - 5. P. M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City, 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.**