

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **921**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1507r Benton St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1507r Benton St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Jane Alexander

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

4. Sex female 5. Color white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Alexander 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 21st. 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Cedar Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Anderson Schneider

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

14. Maiden name Frances Barton

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

16. (a) Informant Mr. Floyd Alexander

(b) Address 1507 Benton St.

17. (a) Burial (b) Date thereof 1-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Mo.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 28 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th.
 year 1946 hour 12:15 PM. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to Jan 27 1946
 that I last saw her alive on Jan 24 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis Duration 2

Due to _____

Due to _____

Other conditions 977
(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) Means of injury _____

23. Signature Kenny G. Holstman (M. D. or other) M.D.

Address 2136 2 Grand Blvd Date signed 1-28-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 2226

MOTHER FATHER

Dr. Kesterman - 2136 E. Grand.

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis

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.