

**FILED** JAN 31 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 172

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

**1. PLACE OF DEATH:**  
(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2704 A. Franklin Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community About 20 years  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Shurley Alexander  
3. (b) If veteran, name war #1  
3. (c) Social Security No. 491-12-6355

4. Sex Male 2 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clara  
6. (c) Age of husband or wife if alive 12 years  
7. Birth date of deceased April 12, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>8</u>	<u>23</u>	hr. min.

9. Birthplace Hickman, Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation labor

MOTHER FATHER

11. Industry or business.....  
12. Name Dan Alexander  
13. Birthplace Hickman, Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Leucy Haynes  
15. Birthplace Marcow, Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Tency Alexander  
(b) Address 2707 Delmar

17. (a) Burial (b) Date thereof Jan. 10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jefferson Barrack, Mo.

18. (a) Signature of funeral director Dement & Son  
(b) Address 2629-31 Cole Street

19. (a) JAN 7 1946 (b) J. Bredel  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 2/17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2707 Delmar Street  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day Jan  
year 1946 hour 3 minute 20 P. M.  
21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Due to..... Chronic Myocarditis  
Due to..... 1/3  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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.....  
23. Signature Patricia E. Taylor (M. D. or other)  
Address 1245 E. 12th Date signed.....

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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..... *H. Claude Gordon* .....

Licensed Embalmer No. *3489* .....

P. O. Address. *4575 Aldine* .....

**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.**