V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 18002

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1114

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural, Robinson, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Dispensary, US Naval Air Station, St. Louis, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State U.S. NAVY (b) County .....

(c) City or town ..... (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LOWELL LEVERNE ALEXANDER

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W-US

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased November 11, 1924 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	6	9	..... hr. ..... min.

9. Birthplace WHITE ASH, Williamson Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation U.S. NAVY

11. Industry or business U.S. NAVY

FATHER
12. Name Floyd Alexander
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bonnie Pearl (unknown)
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dispensary, U.S. Naval Air
(b) Address Station, St. Louis 21, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Louis H. Bopp Inc
(b) Address Kirkwood, Mo.

19. (a) 5-22-46 (Date received local registrar) (b) E.G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9 May 1946, to 20 May 1946 that I last saw him alive on 20 May 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Extensive cutaneous burns of body-approximately 60% of body surface-duration 11 days

Due to Gas stove explosion.

Due to 1817 40

Other conditions Bronchopneumonia and toxemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
None
Of autopsy None

Duration

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) Accident

(b) Date of occurrence 9 May 1946

(c) Where did injury occur? Hillsboro, Ill. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tourist Camp (Specify type of place)

While at work? No (e) Means of injury C.W. Collins Jr. M.D.C.

23. Signature C.W. COLLINS, JR. (M. D. or other) MC-USN

Address USNAS, St. Louis, Mo. Date signed 5-20-46

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1946

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.