

DEPARTMENT OF COMMERCE - STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 21487
Registrar's No. 5688

Registration District No. _____ Primary Registration District No. 1003

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Louis Alexander

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Unk 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9
13. Birthplace " " 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant E. Hardiman
(b) Address 2601 N Whittier

17. (a) Anatomical Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. ...

(b) Address 3500 Park

19. (a) JUN 27 1946 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 N Leffingwell 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from 5-26 1946 to 5-31 1946
that I last saw him in alive on 5-31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease with
Decompensation

Due to _____
Due to _____
Other conditions Bilateral Pleural Effusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No
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 plane) (e) Means of injury _____
23. Signature E. B. Williams (M. D. or other) _____
Address 2601 N Whittier St Date signed 6/3/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.