

FILED JUN 20 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5142

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:
3911a Evans
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community _____
years, months or days

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. 3911a Evans
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Monuett Saunders Alexander
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 7th
 year 46 hour _____ minute 1 M.
 21. I hereby certify that I attended the deceased from 6/3/46
 19____ to _____ 19____
 that I last saw he alive on 6/3/
 and that death occurred on the date and hour stated above.

4. Sex F 3 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Alexander
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased May 11 1898
(Month) (Day) (Year)

Immediate cause of death
Myocarditis, Cir
12/1 Nephritis, Cir.
Arterioscler.
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 48 Months 0 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace Columbus, Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Frank Davis
 13. Birthplace Columbus, Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Bondurant
 15. Birthplace Columbus, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Davis
 (b) Address 3911a Evans
 17. (a) Burial (b) Date thereof 6 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Greenwood Peoples Und. Co.
 18. (a) Signature of funeral director _____
 (b) Address 3100 Franklin Ave
 19. (a) JUN 10 1946 (Date received local Registrar)
J. F. Braddock (Registrar's signature)

While at work _____ (Specify type of place) (c) Meaning of injury _____
 23. Signature M. J. Bierman (M. D.)
 Address 2335 Franklin Date signed 6/8/46

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

MOTHER FATHER

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 L. Petrus

Licensed Embalmer No.....

4184

P. O. Address.....

St. Louis, 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.