S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42081

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11184

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2716 Bernard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2716 Bernard Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Alexander
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 24 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
~~About~~ 51	1	2	hr. min.

9. Birthplace ? (City, town, or county) Miss. (State or foreign country)
10. Usual occupation
11. Industry or business Liggett & Myers Tobacco Co.
MOTHER FATHER
12. Name Unknow
13. Birthplace Unknow (City, town, or county) (State or foreign country)
14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) (State or foreign country)
16. (a) Informant Ersaline Duncan
(b) Address Koach Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Barracks
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Hole Street
19. (a) DEC 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1946 hour 5 minute 30 A.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 — Duration
Chronic Hypertrophy
Due to Myocarditis
Due to
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.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 12/28/46

(Licensed Embalmer's Statement on Reverse Side)

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 W. 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.