

No. 2
-12-45
5-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947
#27555

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5952**
Registrar's No. **1483**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri.

(b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 days
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME OWEN ALEXANDER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male **5. Color or race** White

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..... Dec. 11 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>2</u>	hr. min.

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

10. Usual occupation..... none

11. Industry or business.....

12. Name..... Alfred Alexander

13. Birthplace..... Virginia
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... John Barrett

(b) Address..... Tulsa, Okla.

17. (a) Removal..... **(b) Date thereof**..... Feb. 13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oravatomie, Kansas

18. (a) Signature of funeral director..... Petty Funeral Home

(b) Address..... 3029 Lafayette Ave.

19. (a) FEB 13 1947 **(b) J. F. Brudeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 1510 Market St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1947 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from 2/10/47
....., 19....., to 2/13/47 19.....
that I last saw him alive on 2/13/47 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Art. Ht. disease

Duration.....

Due to.....

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?.....

While at work?.....
(Specify type of place) (Means of injury)

23. Signature..... 1515 Lafayette **Date signed**..... 2/13/47
(Address) (Other)

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 David Van Fossan
Licensed Embalmer No. 4242
P. O. Address 3029 Lafayette

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.