

V. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED JUN 23 1947
Registration District No. **318**

Primary Registration District No. **1001003**

Registrar's No. **5808**

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

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME Edward Neblett Alexander

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

4. Sex M. 21 5. Color or race Col 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 _____ 11 11 1910
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 0 If less than one day _____ hr. _____ min.

9: Birthplace St. Louis MO O
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Alexander, Neblett
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sherman
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Christina Howard

(b) Address 4421a Page Blvd

17. (a) Buried (b) Date hereof 6-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Gushow

(b) Address 199 Dickson St.

19. (a) _____ (b) J. F. Bedeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 Barton 9
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 1947 hour 3 minute 25 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings:
Of operations _____
Of autopsy _____

Duration
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) _____
White at work? _____ (e) Means of injury 3
23. Signature Edmund E. J. ... (M. D. or other) _____
Address _____ Date signed 6/18/47

L-1

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 Clark Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.