

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22030
Registrar's No. 5724

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital, 0
(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)

3. (a) PRINT FULL NAME: ^{COPIES} FARRIM Alexander
(b) If veteran, name war _____ (c) Social Security No. 358-07-5579

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LEILA MAY ALEXANDER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 13, 1882.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 27 hr. min.

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

10. Usual occupation GLASS BLOWER

11. Industry or business RETIRED

MOTHER FATHER
12. Name ANDREW ALEXANDER
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name SUZAN DELBY
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodore Biaty
(b) Address 1804 MYRTLE ST., ALTON, ILL.

17. (a) BURIAL (b) Date thereof JUNE 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY, ALTON, ILL.

18. (a) Signature of funeral director Joseph A. Lent
(b) Address 2409 State St., Alton, Ill.

19. (a) JUN 10 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town ALTON 11
(If outside city or town limits, write "RURAL")
(d) Street No. 118 West Broadway 2
(If rural, give location) NR. 2
(e) Citizen of foreign country? (Yes or No)

20. DATE OF DEATH: Month June day 9
year 1947 hour 5 minute 05 P. M.
21. I hereby certify that I attended the deceased from June 6, 1947 to June 9, 1947;
that I last saw him alive on June 9, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction 2d.
Due to Carcinoma of Esophagus 1yr.

Due to H6
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Esophagus
Of operations
Of autopsy

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) (e) Means of injury
23. Signature Willard B Walker M.D. (M. D. or other)
Address Barnes Hospital, Date signed 6-9-47

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17
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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 Leland S. Cunningham

Licensed Embalmer No. 73542

P. O. Address 512 Castro St. Altos, Cal.

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.