

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22031**
Registrar's No. **6345**

FILED JUL 12 1947
318

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

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:
3632 Blaine /
(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)

3. (a) PRINT FULL NAME **Nellie May Alexander**

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

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

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 18 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **12** If less than one day hr. min.

9. Birthplace **O'Fallon Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Wm Boggy**

13. Birthplace **Summerfield Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Distler**
(City, town, or county) (State or foreign country)

15. Birthplace **O'Fallon Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Alexander**

(b) Address **3632 Blaine**

17. (a) **Burial** (b) Date thereof **7/3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh, Ill.**

18. (a) Signature of funeral director **John L Ziegenhein & Sons**

(b) Address **7027 Gravois**

19. (a) **JUL 3 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

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

(d) Street No. **3632 Blaine**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30** year **1947** hour **4:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **May 31** to **June 30**, 19**47**
that I last saw her alive on **June 30**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Pancreas** Duration _____

Due to _____

Due to _____

Other conditions **Hepatic cirrhosis, ascites**
(Include pregnancy within 3 months of death)

Major findings: 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 _____

Signature **Ray H. Mathias** (M. D. or other) _____

Address **3167 So. Grand** Date signed **7/14/47**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.