

No. 2
-1/47
-17-39

FILED DEC 15 1947

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:
8311 A Palk St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **about 11 yrs**
(Specify whether years, months or days)

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.: **8311 A Palk St**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **ELISABATH ALEXANDER**

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: **Female** 5. Color or race: **Oil**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **William**

6. (c) Age of husband or wife if alive: **March 31 - 1903**

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	29	hr. min.

9. Birthplace: **Brunken Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: _____

12. Name: **Andrew Hill**

13. Birthplace: **Ark**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jane Washburn**

15. Birthplace: **not known Geo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **William Alexander**
(b) Address: **8311 A Palk St**

17. (a) **Burial** (b) Date thereof: **12-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **green wood**

18. (a) Signature of funeral director: **AP McHardon**
(b) Address: **2625 Glasgow**

19. (a) **DEC 4 - 1947** (b) **J. F. Bredek**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11-30** day **1947** year **1947** hour **3:30** minute **A** M.

21. I hereby certify that I attended the deceased from **11-22-47** to **11-30-47** that I last saw her alive on **11-30-47** and that death occurred on the date and hour stated above. **1947**
Duration

Immediate cause of death: **RIGHT LOBAR PNEUMONIA 11-17-47**

Due to: _____

Due to: **108**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause of 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? _____ (c) Means of injury: **0**

23. Signature: **J. C. Sherard** (M. D. or other) _____
Address: **2262 A 7th St. CLIN** Date signed: **12-7-47**

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

MOTHER FATHER

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.....

A. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address.....

city

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.