S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39378

Primary Registration District No. 1003

Registrar's No. 10923

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4209 Prairie 9
(If rural, give location) 10 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick D. Alexander
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathryn
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July (Month) 24 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	4	hr. min.

9. Birthplace Palestine, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Unemployed
FATHER
12. Name Thos. Alexander
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Augie Wilson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Kathryn Alexander
(b) Address 4209 Prairie
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) NOV 29 1947 (Date received local registrar) (b) J. F. Breuack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. 28 day 46 year 1947 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
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? (e) Means of injury
23. Signature Patrick E. Taylor (M.D. or other)
Address Date signed 11/29/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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.....Albert T Mayfield.....

Licensed Embalmer No.....3077.....

P. O. Address.....

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.