

**FILED OCT 1 1948**  
**318**

Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 MOS  
In this community Life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 015  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 913 N 16th St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**3: (a) PRINT FULL NAME**

Martha Alexander

3. (b) If veteran, name war No

3. (c) Social Security No. No

FEMALE

5. Color or race Col

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife.....

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

7. Birth date of deceased 8 18 1904  
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 29  
If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name UNKNOWN

13. Birthplace " "  
(City, town, or county) (State or foreign country)

14. Maiden name " "

15. Birthplace " "  
(City, town, or county) (State or foreign country)

16. (a) Informant August Gilford

(b) Address 913 N. 16th St

17. (a) Burial (b) Date thereof 9-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Benny Love

(b) Address 3103 Washington St

19. (a) SEP 21 1948 (b) J. F. Bredet  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 17  
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from June 19, 19 48 to Sept 17, 19 48  
that I last saw her alive on Sept. 17, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardiovascular Disease  
Duration Undet.

Due to.....  
Due to..... 92

Other conditions Bilateral Amputations of lower extremities  
(Includes pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy None  
PHYSICIAN.....  
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?.....

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature Charles R. Frojes (M. D. or other)  
Address 2601 N. White Date signed 9/20

---

---

**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. Claude Jordan*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Alder*

**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.**