

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

FEDERAL BUREAU OF INVESTIGATION  
DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37817  
State File No. \_\_\_\_\_  
Registrar's No. **9710**

FILED NOV 19 1948  
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 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: Pronounced dead at  
XXXXXX XXXXX XXXXX G. Phillips Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 44 years 3 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 001

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

(d) Street No. 2111 Division Street  
21 (If rural, give location)

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

**3. (a) PRINT FULL NAME** Thelma Alexander

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month November day 5th  
year 1948 hour 1:05 minute AM

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Elmer Alexander 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 27, 1904  
(Month) (Day) (Year)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis (Occlusion) Duration

**8. AGE:**

Years	Months	Days	If less than one day
<u>44</u>	<u>4</u>	<u>8</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

Other conditions PH  
(Include pregnancy within 5 months of death)

11. Industry or business nil

**MOTHER FATHER**

12. Name Joe Weaver

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

14. Maiden name Jennie Cole

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

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Elmer Alexander

(b) Address 2111 Division Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Allen Dailed

(b) Address 3506 Franklin Avenue

19. (a) NOV 8 1948 (Date received local registrar) (b) J. B. Slaughter (Registrar's signature)

**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 3  
Patrick E. Taylor Sep Car (M/D. or other)

23. Signature \_\_\_\_\_ Address 1300 Clark Date signed 11-8-48

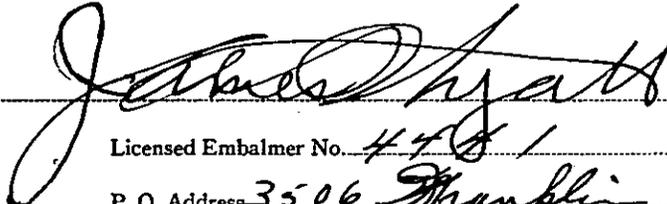
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
Licensed Embalmer No. 4481  
P. O. Address 3506 Franklin

**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.**