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FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20712
3806

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1016 N. FRANKLIN</u>		e. STREET ADDRESS (If rural, give location) <u>25 1016 N. FRANKLIN</u>	

3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) _____ c. (Last) <u>ALEXANDER</u>			4. DATE OF DEATH <u>JUNE 28 1949</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>6-5-1901</u>		9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>CAR WASHER</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>REV. P. W. ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JOE HILL</u> ADDRESS <u>1254 R. O'FALLON</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism of Pelvis, suffered when struck by auto driven by one who leftanger in vicinity of</u> DUE TO (b) <u>about 4:15 pm June 28</u> DUE TO (c) <u>around 10:23 pm June 28 1949</u>		MEDICAL CERTIFICATION <u>Interval between onset and death</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo 1949</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 28 49 7:23 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>8:14</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:23 p.m., from the causes and on the date stated above. 25

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/5/49</u>	
24a. BURIAL (CREMATION, REMOVAL) <u>BURIAL</u>		24b. DATE <u>7-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>2930 Dickson</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 5 1949 [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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

ST.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.