

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2229**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **201**

009

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Washington</u> b. COUNTY <u>04610</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>2 wks.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Seattle</u>		d. STREET ADDRESS (If rural, give location) <u>4063 Felicitia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1505 Market</u>			
3. NAME OF DECEASED a. (First) <u>Richard</u> b. (Middle) <u>A</u> c. (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>3-12-1896</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>	
11. BIRTHPLACE (State or foreign country) <u>Herrin Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. T. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Bucy Ann Cagle</u>	
14. NAME OF HUSBAND OR WIFE <u>Don't Know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>Leonard Heifner Poplar Bluff Mo</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Heifner Poplar Bluff Mo</u>		ADDRESS <u>Me</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lunch at inquest of skull and brain self inflicted in Room 102, Model Hotel 1505 Market St. on or about Jan 2 1950 exact time</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>102 Model Hotel 1505 Market St. on or about Jan 2 1950 exact time</u> DUE TO (c) <u>Unknown</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>Suicide</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Louis Mo 6976X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Jan 2 50 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 <u>12:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>JAN 1 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-7-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Herrin Illinois</u>	
DATE REC'D BY LOCAL REG. <u>JAN 9 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Mortuary Service Inc.</u>		ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	

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 Van M Szemore

Licensed Embalmer No. 4343

P. O. Address St Louis 10 Mo

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.