

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1067	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town OR TOWN JEFFERSON BRKS MO.) c. LENGTH OF STAY (in this place) 51 days d. FULL NAME OF HOSPITAL OR INSTITUTION VEL. ADM. HOSPT.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 817A NORTH EWING			
3. NAME OF DECEASED (Type or Print) ALEXANDER		a. (First)		b. (Middle) (NMI)		c. (Last) ALLISON	
5. SEX M		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) April 21 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY -		8. DATE OF BIRTH 9-13-88		9. AGE (in years last birthday) 61	
11. BIRTHPLACE (State or foreign country) MEMPHIS, TENN.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ALEXANDER ALLISON			13b. MOTHER'S MAIDEN NAME KATIE EPPS			14. NAME OF HUSBAND OR WIFE LUCY ALLISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		(If yes, give war or dates of service) WW-1		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE, RT. MID. CEREBRAL ARTERY. ANTECEDENT CAUSES DUE TO (b) CEREBRAL ARTERI OSCLEOSIS. DUE TO (c) ERYTHEMA MULTIFORME II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Mo.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> 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 2-28-50 , 19____, to 4-21-50 , 19____, and that death occurred at 12:05A m. , from the causes and on the date stated above.							
23a. SIGNATURE D. E. Howell M.D. (degree or title) CHIEF PROFESSIONAL SERVICES				23b. ADDRESS VAHOSP., JEFF. BRKS., MO.		23c. DATE SIGNED 4-21-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-28-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFF. BRKS., MO.	
DATE REC'D BY LOCAL REG. 4-25-50		REGISTRAR'S SIGNATURE Herbert R. Dombke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE RHEA PRICE UNDTKG. ESTABLISHMENT		ADDRESS St. Louis Mo.	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 444

P. O. Address 2829 Washington

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.