

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32141

State File No.

REG# 96663

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO. 6076

Registrar's No. 3303

| | | | | | | | | | | | |
|---|--|--|--|--|---|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OHIO b. COUNTY MERCER | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS | | c. LENGTH OF STAY (In this place) (Specify township) 20 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) FORT RECOVERY | | 8340 | | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | | | d. STREET ADDRESS (If rural, give location) - - - - - 8 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE | | | b. (Middle) M | | c. (Last) ALEXANDER | | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 1 1951 | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | | 8. DATE OF BIRTH 7-19-89 | | 9. AGE (In years last birthday) 62 YRS. IF UNDER 1 YEAR: Months Days Hours Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR | | | 10b. KIND OF BUSINESS OR INDUSTRY - - - - - | | | 11. BIRTHPLACE (State or foreign country) FORT RECOVERY, OHIO / | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME CLIFFORD ALEXANDER | | | 13b. MOTHER'S MAIDEN NAME IDA HATHAWAY | | | 14. NAME OF HUSBAND OR WIFE NONE | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFFERSON BRKS, MO. | | | | | | |
| 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) CEREBRAL THROMBOSIS-UNKNOWN VESSEL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL ARTERIOSCLEROSIS DUE TO (c) - - - - - 332X - | | | | INTERVAL BETWEEN ONSET AND DEATH - - - - - | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE | | | | 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) - - - - - | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | | | | | |
| 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 9-11 , 19 51 , to 10-1 , 19 51 , and that death occurred at 12:40 p.m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE L. Estivell | | | | (Degree or title) M.D. | | 23b. ADDRESS VAH JEFFERSON BARRACKS MO. | | 23c. DATE SIGNED 10-2-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Oct. 2, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Fort Recovery, Ohio | | 24d. LOCATION (City, town, or county) (State) Fort Recovery, Ohio | | | | | |
| DATE REC'D BY LOCAL REG. 10-1-51 | | REGISTRAR'S SIGNATURE Hubert P. Donke M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister U.&L.Co. 7814 S. Broadway St. Louis, Mo. | | | | | | | |

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

DEC 3 1961

MIN 9 1961

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 2824 S. Duvalway

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.