

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34778**

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9590**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3635 Laclede Ave.		d. STREET ADDRESS (If rural, give location) 19 3635 Laclede Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1951	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. ✓	8. DATE OF BIRTH Oct. 31, 1858
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Antique Dealer	11. BIRTHPLACE (State or foreign country) Manchester, England 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Daniel Bird		13b. MOTHER'S MAIDEN NAME Ellen Faulkner	14. NAME OF HUSBAND OR WIFE William C. Alexander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ellen Alexander, 3635 Laclede Ave.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarct ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhoids	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.	20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury
22. I hereby certify that I attended the deceased from Dec. 15, 1947 , to Oct. 28, 1951 , that I last saw the deceased alive on Oct. 28, 1951 and that death occurred at 3 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Henry Rosenberg MD (Degree or title)		23b. ADDRESS 1467 N. Union Blvd.	23c. DATE SIGNED Oct. 29, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. OCT 30 1951	REGISTRAR'S SIGNATURE J. Carl Smith, MD m/j.B.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Kromley 10 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 46799

P. O. Address Chardon, 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.