

42711

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 10 1952

BIRTH NO. ... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11388**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 2019 Cole Street	
3. NAME OF DECEASED (Type or Print) Lizzie		a. (First) b. (Middle) c. (Last) Alexander	4. DATE OF DEATH (Month) (Day) (Year) 12 17 51
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 11-28-1871
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days	IF UNDER 15 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Clay Anderson	13b. MOTHER'S MAIDEN NAME Virginia Hale
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Willis D. Anderson		ADDRESS Elmwood Park, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2° x 3° burn of 70% of body suffered when burned while repairing terrace over coal in stove in home at 2019 Cole Str. at about 8:30 am on Dec 17 1951. DUE TO (b) (c) 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 Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 17 51 8:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 000 69/60			
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 6:45 p. m., from the causes and on the date stated above. 16			
23a. SIGNATURE Gabriel E. Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12-24-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-24-51	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 24 1951 [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.	

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.

Student Embalmer No.

Signed _____

Fulton E. Culkin

Signed

Student Embalmer

Licensed Embalmer No. *498*

P. O. Address _____

Albany, N.Y.

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.