

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29191
8079

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 2179					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		d. STREET ADDRESS (If rural, give location) 3608 CASTLEMAN-AVE			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3608 CASTLEMAN AVE 17				d. STREET ADDRESS (If rural, give location) 3608 CASTLEMAN-AVE					
3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) ALEXANDER c. (Last) ALEXANDER			4. DATE OF DEATH (Month) (Day) (Year) AUG. 26, 1952						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Nov. 12, 1864			
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SCHOOL TEACHER			10b. KIND OF BUSINESS OR INDUSTRY RD OF EDUCATION			11. BIRTHPLACE (State or foreign country) KEOKUK IOWA /			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME MILLER ALEXANDER		13b. MOTHER'S MAIDEN NAME MARY MUELLER		14. NAME OF HUSBAND OR WIFE _____		
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 MRS F. C. SMITH - KEOKUK IOWA					
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) Myocardial infarction DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222					
22. I hereby certify that I attended the deceased from Aug 12, 1952, to Aug 25, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 4:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE W. B. Bush M.D.				23b. ADDRESS 2005 S Grand St		23c. DATE SIGNED 8-26-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG 26 1952		24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY		24d. LOCATION (City, town, or county) (State) KEOKUK IOWA			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 26 1952		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Wm. J. Robert & H. Co. 1905 So. GRAND BLVD					

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.