

FILED-JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20126  
State File No. ....  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5156**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>2334 South 9th.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		23 <b>2239/0</b>	
3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)		b. (Middle) <b>ALVEY</b>	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 8, 1954</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>March 4, 1868</b>		9. AGE (In years last birthday) <b>86</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Muncie, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Alvey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Beam</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles W. Alvey, 2334 S. 9th. St., St. Louis, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Multiple Decubitus ulcers</b> DUE TO (c) <b>Malnutrition</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Multiple Decubitus ulcers</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? <b>4200</b>		22. I hereby certify that I attended the deceased from <b>5-21-54</b> , 19___, to <b>6-8-54</b> , 19___, that I last saw the deceased alive on <b>6-8-54</b> , 19___, and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>G. J. Budd Jr., MD</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>6-9-54</b>		24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>June 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>Muncie, Indiana</b>		DATE REC'D. BY LOCAL REG. <b>JUN 9 1954</b>	
REGISTRAR'S SIGNATURE <b>Charles W. Alvey</b>		McLAUGHLIN FUNERAL HOME, INC. ADDRESS <b>2301 Lafayette, St. Louis, 4, Mo.</b>	

**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.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*  
Licensed Embalmer No. ....  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.