

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2269****318**

PRIMARY REG. DIST. NO.

1003Registrar's No. **0102**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY 0		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 Mo		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD Hosp.		e. STREET ADDRESS (If rural, give location) 7169 4041 POTOMAC	
3. NAME OF DECEASED (Type or Print) EDWARD T. ALEXANDER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 4 1955	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 1 1895	
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER	
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U-S-A.	
13a. FATHER'S NAME HENRY ALEXANDER		13b. MOTHER'S MAIDEN NAME JENNY TINTERA	
14. NAME OF HUSBAND OR WIFE EMMA 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 EMMA ALEXANDER 4041 POTOMAC	
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) Heart Failure - Acute INTERVAL BETWEEN ONSET AND DEATH 4 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Disease DUE TO (c) ① Emphysema ② Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Induration INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4 2 2 2	
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) (Min.)		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 Nov. 1947 , to 1-4 , 19 55 , that I last saw the deceased alive on 1-4 , 19 55 , and that death occurred at 8:55 Am. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Shorn P. Smith M.D.		23b. ADDRESS 2258 Lafayette St. St. Louis Mo	
23c. DATE SIGNED 1-5-55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE JAN. 6 1955		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kulis 2906 Beavria	
DATE REC'D BY LOCAL REG. JAN 5 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Samuel C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 Du*

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.