

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. **9887**
Registrar's No. **2827**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 yrs		e. STREET ADDRESS (If rural, give location) 1921 Goode Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1921 Goode Ave			

3. NAME OF DECEASED (Type or Print)	a. (First) Ellie	b. (Middle) R.	c. (Last) Mc Alpin	4. DATE OF DEATH (Month) (Day) (Year) Mar, 27, 1955.
-------------------------------------	-------------------------	-----------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 10 Days 17	IF UNDER 24 HRS. Hours Min.
--------------------	------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Pullman Co	11. BIRTHPLACE (City and State or Foreign Country) Grand Gulf, Miss.	12. CITIZEN OF WHAT COUNTRY? USA.
--	---	---	--

13a. FATHER'S NAME Lee R. Mc Alpin	13b. MOTHER'S MAIDEN NAME Theresa Sandydusty	14. NAME OF HUSBAND OR WIFE Minnie Mc Alpin
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 708-16-9015	17. INFORMANT'S SIGNATURE OR NAME Minnie Mc Alpin	ADDRESS 1921 Goode Ave.
---	--	--	--------------------------------

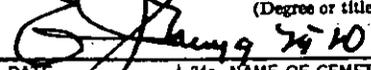
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X
--	--	---------------------------------------

22. I hereby certify that I attended the deceased from **3/26**, 19**55**, to **Mar, 27**, 19**55**, that I last saw the deceased alive on **3/27**, 19**55**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title)	23b. ADDRESS 112 Jefferson Ave	23c. DATE SIGNED 3/28/55
--	-------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/31/55	24c. NAME OF CEMETERY OR CREMATOR Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. MAR 29 1955	REGISTRAR'S SIGNATURE 	25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home	ADDRESS 3100 Easton Ave.
---	---	---	---------------------------------

WRITE PLAINLY—USING UNFAADING 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... *H. Claude Gord*

Licensed Embalmer No. *348*

P. O. Address *4575 A*

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.