FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39094

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2571

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton [redacted]

c. LENGTH OF STAY (In this place): [redacted]

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [redacted] St. Louis County Hosp.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Lemay 4 869

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location): 3704 Viking Ave

3. NAME OF DECEASED (Type or Print) a. (First): Minnie b. (Middle): c. (Last): Alexander

4. DATE OF DEATH (Month): 11 (Day): 4 (Year): '55

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH:** 2--28--1896 **9. AGE** (In years last birthday): 59 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): House-work **10b. KIND OF BUSINESS OR INDUSTRY:** Home **11. BIRTHPLACE** (City and State or Foreign Country): Portsmouth Nebr., **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Michael Pries **13b. MOTHER'S MAIDEN NAME:** Louise Sietzman **14. NAME OF HUSBAND OR WIFE:** Roy Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------ **16. SOCIAL SECURITY NO.:** None **17. INFORMANT'S SIGNATURE OR NAME:** Roy Alexander **ADDRESS:** 3704 Viking, LEMAY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocardial

DUE TO (c) Disease and Arterio-Sclerosis — 7 years

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** 4221 **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* about 1949, 19__, *to* Nov. 3rd, 19 55, *that I last saw the deceased alive on* Nov. 3rd, 19 55, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul B. Webb. M.D **23b. ADDRESS:** 1915a Sidney St. **23c. DATE SIGNED:** 11/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **24b. DATE:** 11-7-'55 **24c. NAME OF CEMETERY OR CREMATORY:** Mt. Hope Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 11-4-55 **REGISTRAR'S SIGNATURE:** Herbert R. Domke

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS:** Moydell Funeral Home-1926 Allen, St

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 33

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.