

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41766

State File No. ....

FILED JAN 6 1956

318

1003

Registrar's No. 10934

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3806 Labadie</u>				e. STREET ADDRESS (If rural give location) <u>10 3806 Labadie</u> <u>21670</u>					
3. NAME OF DECEASED a. (First) <u>Albert</u> (Type or Print)		b. (Middle) _____		c. (Last) <u>Alston (Austin)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Jan. 15, 1908</u>			
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lapin</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Courton, Tennessee</u>			
12. CITIZEN OF WHAT COUNTRY? _____		12a. FATHER'S NAME <u>John Alston</u>		12b. MOTHER'S MAIDEN NAME <u>Matie Bass</u>		12c. NAME OF HUSBAND OR WIFE <u>Ethel Alston</u>			
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, if known) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clasie Houston - 3806 Labadie</u> ADDRESS _____					
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) <u>Left Lobar Pneumonia</u> <u>if Hobar Pneumonia</u> ANTECEDENT CAUSES <u>if Polycystic Kidney</u> DUE TO (b) <u>Lf Polycystic kidney</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>Congenital (?)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		490 X		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? _____					
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>55</u> , to <u>12-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>55</u> , and that death occurred at <u>1:25 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>S.E. Smith</u>		(Degree or title) _____		23b. ADDRESS <u>11 No. Jefferson</u>		23c. DATE SIGNED <u>12-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Dec. 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>DEC 13 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. B. Hoover - 1221 N. Paul</u> ADDRESS _____					

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

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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 *William Blackburn*.....

Licensed Embalmer No. *396*.....

P. O. Address *1231 N. Ave*.....

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.