

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6067**  
Registrar's No. **1112**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>16 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>27 3301 Lawton</b>		(If rural, give location) <b>22170</b>	

3. NAME OF DECEASED a. (First) <b>Adell</b>		b. (Middle)		c. (Last) <b>Alexander</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 25 56</b>	
5. SEX <b>Fem</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Abt.: 1899</b>	
9. AGE (In years last birthday) <b>Abt. 57</b>		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) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Rubin Littleton</b>		13b. MOTHER'S MAIDEN NAME <del>Unknown</del> <b>Rachel Johnson</b>		14. NAME OF HUSBAND/OR WIFE <b>Earnest Alexander</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Earnest Alexander, 3301a Lawton Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma with metastases to hilar lymph nodes. Cirrhosis of liver.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>to</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b)			
		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Uterine myoma. Pleural Effusion.</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>162x</b>		20. AUTOPSY? YES <input checked="" 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?	

22. I hereby certify that I attended the deceased from **1-16-**, 19**56**, to **1-25-**, 19**56**, that I last saw the deceased alive on **1-25-**, 19**56** and that death occurred at **7:25p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Williams</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>		23c. DATE SIGNED <b>1-27-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/2/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks., Mo</b>	

DATE REC'D BY LOCAL REG. <b>FEB 1 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green, 4060 Washington Ave</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 H. Ketchum*.....

Licensed Embalmer No. 396

P. O. Address 1221 1/2

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.