

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17503**  
Registrar's No. **4262**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4262</b>			
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 OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. Pac. Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>4047 Kennerly Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle)		c. (Last) <b>Alexander</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6/26/56</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>C</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 25, 1901</b>		9. AGE (In years last birthday) <b>54</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific RR</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Nashville, Tennessee</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Charles Clifford Alexander</b>			13b. MOTHER'S MAIDEN NAME <b>Marie Williams</b>			14. NAME OF HUSBAND OR WIFE <b>Daisy Alexander</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>702-18-0062</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daisy Alexander - 4047 Kennerly 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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chromolonephritis Chr.</b> ANTECEDENT CAUSES <b>Hypertensive Ht. Disease</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Uremia</b> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592x</b>						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 <b>4/15/56</b> , 19 <b>56</b> , to <b>4/26</b> , 19 <b>56</b> that I last saw the deceased alive on <b>4/26</b> , 19 <b>56</b> , and that death occurred at <b>1:20 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Charles Thomas, M.D.</b>				23b. ADDRESS <b>Mo Pacific Hosp</b>		23c. DATE SIGNED <b>4-27-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 3, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>APR 30 1956</b>		REGISTRAR'S SIGNATURE <b>K. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros.</b>		ADDRESS <b>3644 Finney Ave.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
0.48

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.....  
*S J Stator*

Licensed Embalmer No. 264  
P. O. Address 2769

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.