

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17505
4305

FILED MAY 25 1956

318

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

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis)		c. LENGTH OF STAY (in this place) 40 Years		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5016 Beacon Avenue, 20				STREET ADDRESS (If rural, give location) 5016 Beacon Avenue, 20, 2079			
3. NAME OF DECEASED (Type or Print) a. (First) FIELDING		b. (Middle) G.		c. (Last) ALEXANDER		4. DATE OF DEATH (Month) (Day) (Year) April 29th, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 10th, 1879	
9. AGE (In years last birthday) 76		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) Railroad Telegrapher			10b. KIND OF BUSINESS OR INDUSTRY Railroad			11. BIRTHPLACE (City and State or Foreign Country) Ashley, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Alexander		13b. MOTHER'S MAIDEN NAME Eva (Unknown)		14. NAME OF HUSBAND OR WIFE Clara Alexander nee Gaddis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clara Alexander, 5016 Beacon Avenue, 20			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VASOMOTOR Collapse. ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Acute Myocardial Infarction DUE TO (c) Coronary Thrombosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis, Senility.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420:1				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) (Min.) _____		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 12-29, 1949 to 4-29, 1956 , that I last saw the deceased alive on 4/29, 1956 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) 2				23b. ADDRESS P.O. 6401 W. Florissant		23c. DATE SIGNED 4-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/2/56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. MAY 2 1956		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE GALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
John A. Mlinar

Licensed Embalmer No. 410

P. O. Address St. Louis

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.