X
Health,
& Welfare
Public
Service

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

STATE FILE NUMBER 37116

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9241

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer Phillips — Length of stay in Hospital or Institution: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3825a Finney Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle HARRY Last ALEXANDER
4. DATE OF DEATH: Month Sept. Day 30 Year 1957
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 11, 1937
9. AGE (In years last birthday): 19 — 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): Baker's Helper
10b. KIND OF BUSINESS OR INDUSTRY: Famous-Barr Co.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William H. Alexander
14. MOTHER'S MAIDEN NAME: Gertrude Elvoid
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.:
17. INFORMANT: Gertrude Alexander Address: 3825a Finney

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural + Subarachnoid Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Internal Hemorrhage;
DUE TO (c) Multiple Fractures.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): suffered injury when he was struck down by demand collide

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While riding a bicycle he was struck down by a car at the intersection of Vandeventer and Finney, about 5:51 p.m.;
20c. TIME OF INJURY: Hour 5:51 a.m. p.m. — Month, Day, Year: September 30 1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: St Louis Mo — COUNTY — STATE

21. I attended the deceased from 6:50 P. m, to ____ and last saw her/him alive on 9-30
Death occurred at 6:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Kelly (Degree or title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 10-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/4/57
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Charles J. Gates ADDRESS: 4107 Finney
25. DATE RECD. BY LOCAL REG.: OCT 3 '57
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: Guytos Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finne

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.