

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037553

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10194

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                           |   |  |   |  |   |   |                                 |
|---|---------------------------|---|--|---|--|---|---|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri. b. COUNTY |  |   |   |                                 |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis, Mo.   |                           |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN<br>St. Louis.   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION City Hospital  |                           |   | Length of stay in lb   | d. STREET ADDRESS<br>1199 4372 Forest Park  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                                 |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Alexander George Alexander  |                           |   |  | 4. DATE OF DEATH<br>Month Day Year<br>Oct. 22, 1958   |  |   |   |                                 |
| 5. SEX<br>Male <input checked="" type="checkbox"/>  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br>Jan. 19, 1892   |  | 9. AGE (In years last birthday)<br>66   | 10. UNDER 1 YEAR<br>Months Days   | 11. UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Shipping Clerk   |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br>Vienna, Austria. 4       |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |                                 |
| 13a. FATHER'S NAME<br>Alexander   |                           |   | 13b. MOTHER'S MAIDEN NAME<br>Mary  |   | 14. NAME OF HUSBAND OR WIFE<br>Unknown                                 |   |   |                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No. Nil.   |                           |   | 16. SOCIAL SECURITY NO.<br>494-01-7168   |   | 17. INFORMANT Address<br>Marie J. Knoll, 1168 Hilltop.                 |   |   |                                 |
| 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u>   |                           |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |                                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                           |   |  |   |  |   |   |                                 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)<br>260x   |                           |   |  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |                                 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |  |   |   |                                 |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                           |   |  |   |  |   |   |                                 |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  | STATE   |                                 |
| 21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____<br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |   |  |   |   |                                 |
| 22a. SIGNATURE (Name or title)<br><u>James M. Kelly, Deputy Registrar</u>   |                           |   |  | 22b. ADDRESS<br>1300 Clark  |  | 22c. DATE SIGNED<br>10-24-58  |   |                                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>10-25-58   | 23c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cemetery                                      |   | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Mo. |   |   |                                 |
| 24. FUNERAL DIRECTOR ADDRESS<br>Albert H. Hoppe 4700 Washington, 4 <sup>th</sup> lvd.   |                           |   |  | 25. DATE RECD. BY LOCAL REG.<br>OCT 24 '58  |  | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith Mo. m &amp; B.</u>                      |   |                                 |

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 *J. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *M. 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.