

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045357

STATE FILE NUMBER

12299

FILED JAN 5 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

5. 300
1-57

All diseases in Part I must be causally related.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Length of stay in lb	d. STREET ADDRESS <u>4530 McPherson</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>GLIME</u> Last <u>ALEXANDER</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>18</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 21, 1879</u>		9. AGE (In years last birthday) <u>79 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Wm B Ittner & Co Inc.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Henry Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Hofman</u>		14. NAME OF HUSBAND OR WIFE <u>Lallee Baker Alexander</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-1915</u>	17. INFORMANT Address <u>Mrs. Lallee Alexander 4530 McPherson</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic Pharyngeal Cancer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cancer</u> DUE TO (c) <u>450.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour <u>11:00</u> a.m. <u>11:00</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>July 1935</u> to <u>12-18-58</u> and last saw him alive on <u>12-17-58</u> Death occurred at <u>505-A 1st</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Carl J. Ross M.D.</u> (Degree or title)			22b. ADDRESS <u>88 Kings Highway</u>		22c. DATE SIGNED <u>12-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Alexander & Sons 6175 Delmar</u>			25. DATE RECD. BY LOCAL REG. <u>DEC 20 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	

Dr. Rice
18 S Kingshighway
In office of O.P.J. Falk

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 *Joseph E. McCullough*

Licensed Embalmer No. *2460*

P. O. Address *617 S. Palma*

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.