URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED 73 DEC 21 1959

59045190

STATE FILE NUMBER

AMENDED

Registration District No. 2000 Primary Registration District No. Registrar's No. 211088

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3138 a Brantner Pl. — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 3138 a Brantner Pl. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mary — Middle — Last Alexander

4. DATE OF DEATH: Month 11- Day 26- Year 59

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-11-47

9. AGE (last birthday): 12 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A/.

13a. FATHER'S NAME: J. J. Alexander

13b. MOTHER'S MAIDEN NAME: Mary Reed

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Alexander — Address: 3138 a Brantner Pl.

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) Bilateral atelectasis with

DUE TO (b) right upper lobe inflammed which shows a tubercular affection

DUE TO (c) Chronic resurrent appendicitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 527.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____

Death occurred at 1025A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul J. Simon (Degree or title) Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1 Dec 59

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemetery

23d. LOCATION (City, town, or county) (State): Berkeley Mo.

24. FUNERAL DIRECTOR — ADDRESS: Atkins Bros. 3644 Finney Ave.

25. DATE RECD. BY LOCAL REG.: NOV 30 1959

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. MP

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

Paul T. B – expenditure disclosed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John K Cunningham

Licensed Embalmer No. 476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.