

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24228

FILED JUL 16 1951

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PRIMARY REG. DIST. NO. 1003

Registrar's No. 5922

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5922	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD. 4534</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2255 RICHERT.</u>				d. STREET ADDRESS (If rural, give location) <u>2609 BELLEVUE</u>			
3. NAME OF DECEASED (Type or Print) <u>JALLY</u>		a. (First) <u>LATHAM</u>		b. (Middle) <u>ALEXANDER</u>		c. (Last) _____	
4. DATE OF DEATH <u>JULY 2, 1951</u>		(Month) _____ (Day) _____ (Year) _____					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 26, 1884</u>	
9. AGE (In years, last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DR. HENRY LATHAM</u>		13b. MOTHER'S MAIDEN NAME <u>LULU TALAFERRO</u>		14. NAME OF HUSBAND OR WIFE <u>RIPLEY BROWN ALEXANDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>493-81-3399</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. B. ALEXANDER</u>		ADDRESS <u>2609 BELLEVUE</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous of Abdomen</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>7/6/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous of Abdomen (Adenocarcinoma) from R. B. Alexander</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>175X</u>			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1951, to <u>July 2</u> , 1951, that I last saw the deceased alive on <u>6/22</u> , 1951, and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Williamson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>6336 Clayton Road</u>		23c. DATE SIGNED <u>7/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LATHAM, CEM</u>		24d. LOCATION (City, town, or county) (State) <u>LATHAM MO.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Grayham</u>		ADDRESS <u>7146 Manchester</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....

Licensed Embalmer No. 3917

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.