

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 491

Township.....

Primary Registration District No. 1000R

City St. Louis (No. City Hospital)

File No. 13940  
Registered No. 3232  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1401 Tower Grove St. 17 Ward 17  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Sexton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29, 1881</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tobacco Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>18</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Michael Sexton</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY) <u>15</u>	
	15. MAIDEN NAME <u>Bridget Burke</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) <u>Highland</u> (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT <u>Hospital Information</u> (ADDRESS) <u>City Hospital</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cavalry Cemetery</u> DATE <u>Apr 4, 1932</u>	
19. UNDERTAKER <u>Callahan Bros</u> (ADDRESS) <u>1710 W. Grand St.</u>		
20. FILED <u>APR 2 1932</u> <u>City Hospital</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1932 to April 1st, 1932  
I last saw him alive on April 1st, 1932 Death is said to have occurred on the date stated above, at 6:35 AM  
The principal cause of death and related causes of importance were as follows:  
Chronic alcoholism Date of onset:  
deterium tremens  
131  
75A  
Other contributory causes of importance:  
Chr nephritis  
151 ⊕

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. M. M. M. M. M. M. D.  
(Address) City Hospital

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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