DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939 7C

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23607

Registration District No. 1003

Primary Registration District No.

Registrar's No. 5880

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.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Genevieve

(c) City or town St. Genevieve NR
(If outside city or town limits, write "RURAL")

(d) Street No. 200 S. 4th St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Lee Sexauer. 260

3. (b) If veteran, name war No —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Sexauer

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 23 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
68		8	hr. min.

9. Birthplace St Genevieve, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Tavern Keeper

11. Industry or business Tavern

FATHER
12. Name George Sexauer
13. Birthplace St. Genevieve County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Sauer
15. Birthplace Zelle, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hilda Sexauer
(b) Address St. Genevieve, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve, Mo.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1939 hour 2 minute — A. M.

21. I hereby certify that I attended the deceased from June 14, '39, 1939, to July 1, 1939; that I last saw him alive on July 1, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of penis with metastasis	1 year
Cerebral thrombosis, left	5 days
~~Due to~~ Arteriosclerotic heart disease	?
Cirrhosis of liver	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

51

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. Bruce Smith (M. D. or other)
Address Barnes Hosp Date signed 7-1-39

(Licensed Embalmer's Statement on Reverse Side)

5880

5880

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos. E. McCullok

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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, above space should be left blank.