S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1599

State File No.

Registration District No. 784 Primary Registration District No. 500 Registrar's No. 775

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Baden station — Or Rural.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Box 950 Route 4 B. Sta. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Baden Station
(If outside city or town limits write "RURAL")
(d) Street No. Box 950 Route 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Charlotte Sexauer 260

8. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased October 17, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	2	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John Bruegge
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William E. Sexauer
(b) Address Box 950 Route 4 B. Sta.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 22 1940 (Date received by registrar) (b) R. Myers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1940 hour 6:30 PM minute M.

21. I hereby certify that I attended the deceased from Mar. 15, 1940, to april 19, 1940 that I last saw here alive on april 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration Don't Know
Due to General Hypertension — Don't know
Due to
Other conditions (Include pregnancy within 3 months of death) 936
Major findings:
Of operations
Of autopsy

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 A. R. Munyon (M. D. or other) M.D.
Address 5330 Geraldine Ave Date signed 4/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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.