

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 5332  
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
127 a Sidney St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify, whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sebastian Sexauer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Sexauer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 26, 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business \_\_\_\_\_

12. Name Don't Know

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Sexauer

(b) Address 127a Sidney St.

17. (a) Burial (b) Date thereof June 23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) JUN 22 1942 (b) Registrar's signature J. J. [Signature]  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 127 Sidney St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1942 hour 6 minutes 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the \_\_\_\_\_ date and hour stated above.

Immediate cause of death Penetrating wound of skull, left temporal, with depressed fracture of skull, with fatal hemorrhage into brain.  
Deceased was found lying on floor of garage in rear of his home, June 20, 1942 about 15:10 PM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 6/20/42  
(c) Where did injury occur? at home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

• While at work? no Means of injury gun shot

23. Signature W. J. Perry (M. D. or other) \_\_\_\_\_  
Address Capitol [Signature] Date signed 6/22/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

**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.**