

FILED JAN 6 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43332

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:
114 E. 11th St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 50 years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 114 E. 11th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FRED SEXAUER

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

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

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 20 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Sexauer

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

{ 14. Maiden name Barbara Wagner

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

16. (a) Informant Anna Sexauer

(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43
(Month) (Day) (Year)
Hermann City Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) Dec 10, 1943 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1943 hour 11:20 AM minute _____ M.

21. I hereby certify that I attended the deceased from December 2, 1943, to December 7, 1943
that I last saw him alive on December 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic Nephritis

Due to _____

Other conditions Polycystitis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

131 R

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Kessling (M. D. or other) _____

Address Hermann, Mo Date signed 12-10-43

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

1261

MAR 15 1945

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..... *Jugon Blumel*.....

Licensed Embalmer No..... 3160.....

P. O. Address..... Hermann, Missouri.....

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.