

STANDARD CERTIFICATE OF DEATH

State File No. **29433**
7722
Registrar's No. _____

FILED AUG 21 1947

Registration District No. **#13846 318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis** **96**
(c) City or town..... **Florissant** **10**
(If outside city or town limits, write "RURAL")
(d) Street No..... **623 St. Francis St.** **6**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME..... **WILLIAM REXROAT**

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..... **Emma** 6. (c) Age of husband or wife if alive..... **71** years
7. Birth date of deceased..... **Nov. 10 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 3 hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

12. Name..... **? Rexroat**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Emma Rexroat**

(b) Address..... **623 St. Francis St. - Florissant, Mo.**

17. (a) **burial** (b) Date thereof..... **8-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Lebanon Cemetery**

18. (a) Signature of funeral director..... **Jos. W. Clark**

(b) Address..... **1125 Hodiamont Ave.**

19. (a) **11/14/1947** (b) **J. F. Bruesch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **13th**
year..... **1947** hour..... **12:00** minute..... **P** M.

21. I hereby certify that I attended the deceased from..... **7/29/47**
....., 19....., to..... **Aug. 13th** 19..... **47**
that I last saw h..... **im** alive on..... **Aug. 13th** 19..... **47**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **Bronchopneumonia**
Due to..... **92**
Due to.....

Other conditions..... **Arteriosclerotic heart disease**
(Include pregnancy within 3 months of death)
Major findings: **Psychosis with cerebral arterio-** **PHYSICIAN**
Of operations..... **sclerosis**
Of autopsy..... **Amputation st. 5th finger (accidental)**
Underline the cause of 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)
(c) Means of injury.....
23. Signature..... **Quayle** **8/13/47** **Te.D**
Address..... **1515 Lafayette** Date signed.....

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

AUG 14 1947

(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 Alfred Frank Boedel
Licensed Embalmer No. 2663
P. O. Address 1125 Goddard

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.