S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7467

FILED MAR 3 1948

Registration District No. 13489 Primary Registration District No. 4469 Registrar's No. 18

95

1. PLACE OF DEATH:
(a) County: Ste. Genevieve
(b) City or town: Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: Ste. Genevieve
(c) City or town: Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) /
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ansel G. Sexauer
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: 498-01-0976
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie Morice
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: September (Month) 7 (Day) 1913 (Year)
8. AGE: Years 34 Months 5 Days 18 If less than one day hr. min.
9. Birthplace: Ste. Genevieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: LABORER
11. Industry or business: MISSISSIPPI LIME Co.
MOTHER FATHER
12. Name: George J. Sexauer
13. Birthplace: Ste. Genevieve, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Mary C. Efirein
15. Birthplace: Ste. Genevieve (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. G. O. Lanning
(b) Address: Ste. Genevieve, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ste. Genevieve, Missouri
18. (a) Signature of funeral director: Jerome J. Stautz
(b) Address: Ste. Genevieve, Missouri
19. (a) 2-28-48 (Date received local registrar) (b) Teresa M. Karl (Registrar's signature) Dep

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 25 year 1948 hour 2 minute P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: GUN SHOT WOUND PRACING 12 GA. SHOTGUN IN MOUTH SUICIDE	
Due to: (VERDICT OF JURY)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No	
Of autopsy:	

PHYSICIAN
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): SUICIDE
(b) Date of occurrence: FEB 25 1948
(c) Where did injury occur? STE. GENEVIEVE (City or town) MO (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 (e) Means of injury: 3
23. Signature: Leo C. Barber Coroner (M.D. or other)
Address: Ste. Genevieve Mo Date signed 2-27-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-302

Date Filed 3-2-48

MAR 12 1948

MAR 11 1948

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address .....

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.