

32630

FILED OCT 15 1949

STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		c. LENGTH OF STAY (in this place) <u>33 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>		<u>95</u> 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 S 4th St. Ste. Genevieve, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>200 S 4th St.</u>		
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		a. (First) <u>MARTIN</u>	b. (Middle)	c. (Last) <u>SEXAUER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 8 1916</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD L. SEXAUER</u>		13b. MOTHER'S MAIDEN NAME <u>HILDA BAUM SEXAUER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-3358</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hilda Baum Sexauer Ste. Genevieve, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Cardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>4222</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1945</u> to <u>Oct. 5</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Oct. 3</u> , 19 <u>49</u> , and that death occurred at <u>7:28</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Arthur E. Sexauer M.D.</u>			23b. ADDRESS <u>Ste. Genevieve, Mo.</u>		23c. DATE SIGNED <u>Oct. 6 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 7 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-8-49</u>	REGISTRAR'S SIGNATURE <u>L. Karl Pester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Karl Jerome</u>	ADDRESS <u>Ste. Genevieve, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED 10-13-49

Health Officer No. 4

File Number 1049-13

Date Filed

NOV 1 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Jerome S. Stanton

Licensed Embalmer No. 3817

Signed _____

Student Embalmer

P. O. Address Ste. Genevieve, 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, fact should be so stated above.