

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18646

State File No. 4642
Registrar's No.

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>4 Yrs 3 Mos 5 Dns</u>		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmary Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2114 1444 ST. LOUIS AVE 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) c. (Last) <u>Sessinghaus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1950</u>
5. SEX <u>Male 6</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u>	8. DATE OF BIRTH <u>May 18, 1862</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 28 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance Broker</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri 0</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>William Sessinghaus</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CAROLINE A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. L. Fritz, 2710 Bloss</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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. ANTOPOSTMORTEM YES <input checked="" type="checkbox"/> NO <input 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) <u>St. Louis 4500</u>	
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>July 8, 1948</u> , to <u>May 25, 1950</u> , that I last saw the deceased alive on <u>May 25, 1950</u> , and that death occurred at <u>4:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clotus L. Krag, M.D.</u>		23b. ADDRESS <u>5600 Grand St St Louis</u>	23c. DATE SIGNED <u>25 May 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
DATE REC'D BY LOCAL REGISTRY <u>MAY 26 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Laxator</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Gule 2707 W. Grand</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Stanley H. Dixon

Signed.....

Student Embalmer :

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.