

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33178**
Registrar's No. **8342**

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8342	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 239			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 93 1714 S. 10th ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) ARTHUR		b. (Middle)		c. (Last) EXNER	
4. DATE OF DEATH		(Month) AUGUST		(Day) 25		(Year) 1953	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 7-6-78	
9. AGE (In years; if UNDER 1 YEAR last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY Whiggor Ram Coats		11. BIRTHPLACE (City and State or Foreign Country) Liegnitz, Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME HERMAN EXNER		13b. MOTHER'S MAIDEN NAME BERTHA GOLDBACH		14. NAME OF HUSBAND OR WIFE HELEN.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ALFRED A. EXNER			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rectum</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c)</p>		II. OTHER SIGNIFICANT CONDITIONS				3 years	
		<p>Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease</p>				2 years	
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)		154X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-2-53 , 19___, to 8-25-53 , 19___, that I last saw the deceased alive on 8-25-53 , 19___, and that death occurred at 11:46 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE J. Earl Smith, M.D. (Degree or title)				23b. ADDRESS 1616 Lafayette Avenue		23c. DATE SIGNED 8-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-53		24c. NAME OF CEMETERY OR CREMATORY NEW PICKER		24d. LOCATION (City, town, or county) (State) ST Louis Mo	
DATE REC'D BY LOCAL REG. AUG 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A. KRON ADDRESS Und. Co. 2707 N. GRAND			

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert Mayfield*

Licensed Embalmer No. *3077*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.