

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34042**
Registrar's No. **8528**

FILED SEP 24 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. Baptist Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 16 3539a Arsenal St. 4. DATE OF DEATH (Month) (Day) (Year) Sep. 1 1953	
3. NAME OF DECEASED a. (First) LILLIAN b. (Middle) _____ c. (Last) SEXTON (Type or Print)		8. DATE OF BIRTH Jan. 29, 1877 9. AGE (In years last birthday) 76 if UNDER 1 YEAR Months _____ if UNDER 24 HRS. Days _____ if UNDER 24 MIN. Hours _____ Min. _____	
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. 12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME Henry Simon 13b. MOTHER'S MAIDEN NAME Christine Heining 14. NAME OF HUSBAND OR WIFE Late C. J. Brydges Sexton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Miller ADDRESS 3539a Arsenal St.		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.	
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION No operation		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary disease, myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Diabetes & gastritis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 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) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 8-30, 1953 , to 9-1-, 1953 , that I last saw the deceased alive on 9-5, 1953 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Carwhite MA (Degree or title) 23b. ADDRESS 508 N. Grand St. St. Louis 23c. DATE SIGNED 9-2-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (MTR) 24b. DATE Sep. 3, 1953 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. SEP 2 1953 REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	

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 *Eduin M. G. Herxath*.....

Licensed Embalmer No... *302*.....

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