

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21193**
Registrar's No. **5574**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5574	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ST CLAIR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DUPU		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 604 STATE ST.			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) GEORGE c. (Last) SAXENMEYER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH MAY 24, 1907	
9. AGE (In years last birthday) 47		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY Livingston Elec Co.		11. BIRTHPLACE (City and State or Foreign Country) Murphusboro, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRED SAXENMEYER		13b. MOTHER'S MAIDEN NAME Jemice MAUND		14. NAME OF HUSBAND OR WIFE Jean Livily SAXENMEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 342-10-7741		17. INFORMANT'S SIGNATURE OR NAME <i>Jean Livily Saxenmeyer</i>		ADDRESS Dupo, Ill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular aneurysm ANTECEDENT CAUSES Myocardial infarction DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr! 5 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) 4201			
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 5-19-1954 , to 6-21-1954 , that I last saw the deceased alive on 6-21-1954 , and that death occurred at 11:10 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE <i>C. J. Demillion M.D.</i> (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6-22-54	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE JUNE 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Nashville, Illinois	
DATE REC'D BY LOCAL REG. JUN 22 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Washburn</i>		ADDRESS <i>Dupo, Illinois</i>	

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
Student Embalmer

Signed Harold A. Walker

Licensed Embalmer No. 4621

P. O. Address Chicago Illinois

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.