

STANDARD CERTIFICATE OF DEATH

58-23741  
STATE FILE NUMBER

Filed JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6085

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Incarinate Word Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>4416 So. Grand Blvd.</b>	
Length of stay in lb <b>50 yrs. 2/59</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FELIX</b> Middle <b>EDWARD</b> Last <b>SEXAUER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 13, 1884</b>
9. AGE (In years last birthday) <b>73 yrs</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher - Meat Cutter</b>	11. BIRTHPLACE (City and state or country) <b>St. Genevieve, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Felix Sexauer</b>	
13b. MOTHER'S MAIDEN NAME <b>Lydia Hook Huck</b>		14. NAME OF HUSBAND OR WIFE <b>Dortha L. Hoevel Sexauer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-24-5750</b>	17. INFORMANT Address <b>Mrs. Dortha L. Sexauer, 4416 So. Grand</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute anterior myocardial infarction</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Splenic Rupture - No Trauma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 year</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>420.0</b>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>7/13/57</b> to <b>5/11/58</b> and last saw <sup>him</sup> alive on <b>5/11/58</b> Death occurred at <b>4:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Bernard T. Kern, MD</b>		22b. ADDRESS <b>4268 Delmar Street St. Louis 16 Mo.</b>	
22c. DATE SIGNED <b>6/15/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>June 14, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Beiderwieden F.H.Inc., 1936 St. Louis</b>	
25. DATE RECD. BY LOCAL REG. <b>JUN 14 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b> <i>acm</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

4258  
721  
1-6

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 \_\_\_\_\_

Licensed Embalmer No. 4552  
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.