

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029921
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 108

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS		c. CITY OR TOWN STE. GENEVIEVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON COUNTY HOSPITAL		d. STREET ADDRESS (If outside, give location) 375 SERAPHIN STREET	

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR ERB SEXAUER			4. DATE OF DEATH Month Day Year SEPTEMBER 1, 1961		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-30-1902	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR	10b. KIND OF BUSINESS OR INDUSTRY MEDICAL	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME WILLIAM SEXAUER	13b. MOTHER'S MAIDEN NAME BLANCHE MILLER	14. NAME OF DECEASED'S WIFE REGINA R. HOOG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT Address MRS. A. E. SEXAUER, STE. GENEVIEVE, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Non coronary</u> DUE TO (b) <u>ulceration of left coronary artery</u> DUE TO (c) <u>Metastatic Ca</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 1/2 months</u> <u>8 1/2 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple staphylococcus abscesses</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE
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21. I attended the deceased from <u>11/27/60</u> to <u>9/1/61</u> and last saw him alive on <u>8/21/61</u> Death occurred at <u>2:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>J. J. Manfield, M.D.</u>	22b. ADDRESS <u>Crystal City, Mo</u>	22c. DATE SIGNED <u>9/1/61</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 9-4-1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS JEROME H. STANTON, STE. GENEVIEVE, MO.	25. DATE RECD. BY LOCAL REG. 9-2-61	26. REGISTRAR'S SIGNATURE <u>James H. Sigler</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

APR 11 1962

OCT 4 1961

SEP 18 1961

SEP 19 1961

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 Jerome I. Stanton
Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.