

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7215

1. PLACE OF DEATH

County..... Registration District No. 707
 Township..... Primary Registration District No. 203
 City St. Louis (No. 4330 - Bodiamont Ave) St. 10 Ward)

File No.....
 Registered No. 2194

2. FULL NAME

Norman W. Sexton
 (a) Residence, No. 4330 Bodiamont Ave St. 10 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 3 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER John Sexton

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Emma Grubb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Illinois

14. INFORMANT (Address) John Sexton
4330 Bodiamont Ave

15. FILED 98 1028 Mar 6 1928
Max G. Garreoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928

17. I HEREBY CERTIFY That I attended deceased from 7/28 1928, to 7/26 1928, that I last saw him alive on 7/26/28, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 10
Poorly Disposition
Paralysis
 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? GC
 (Signed) GC, M. D.

7/27, 1928 (Address) 2072 Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus **DATE OF BURIAL** Feb 29 1928

20. UNDERTAKER Wacker-Heldorlc **ADDRESS** 2331-5 Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS AN AFFIRMED RECORD

W.
Edwin