

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

Do not use this space.

35704

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 2000
City St. Louis (No. 5215) Emily St. _____ Ward _____

File No. _____
Registered No. 10175
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5215 Emily St. 9 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred R. Morice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1881</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	11. Total time (years) spent in this occupation <u>-</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo</u>		
FATHER	13. NAME <u>Frank Sexauer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Gilbert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Mo</u>	
17. INFORMANT (ADDRESS) <u>Alfred R. Morice 244 Emily St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Genevieve Mo</u> DATE <u>Oct. 4</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Walt Hermann and Son 2161 East Fair Ave</u>		
20. FILED <u>31-3-31</u> 19 <u>31</u> <u>M. C. Vardner</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1931, to 10-2, 1931
I last saw h. ER alive on 10-2, 1931. Death is said to have occurred on the date stated above, at 9⁰⁰ P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 10/2/31
102 J. D. W.
Other contributory causes of importance:
Hypertension ?
Name of operation - Date of -
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) W. M. Weaver, M. D.
(Address) 4356 Marne

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

