

REC'D JUN 9 1938

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

16890  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... St. Louis, (d) Street No. 7519 Virginia Ave. St. 791  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 1003  
Registered No. 4751

2. PRINT FULL NAME

Felix Sexauer 260  
(a) Residence, No. 7519 Virginia Ave. St. 1 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
83 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Grocer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo.

FATHER 13. NAME George Sexauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arnold Sexauer  
6225 Marmaduke

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE May, 24th,

19. FUNERAL DIRECTOR (ADDRESS) William Schumacher  
3013 Meramec Street

20. FILED J. F. Bieder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to May 21, 1938  
I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 3/50 pm  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 2da

Other contributory causes of importance:  
Chronic Interstitial Nephritis { Severe  
" Pyelitis { non Calculous  
" Arteriosclerosis & Cyath { profound

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_  
(Signature) J. F. Bieder, M. D.  
(Address) 7405 Mich. Ave.

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.

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170's  
Rm 4405  
1-3

STATEMENT BY LICENSED EMBALMER

I, FRED W. WETTIG, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Fred W. Wettig

Licensed Embalmer No. 1534

**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.)**