

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5549

LED MAR 25 1941 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1797

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis.

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Charles H. Dexter

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sadie I. Weed

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased August 16 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>7</u>	hr. min.

9. Birthplace Janesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Steamboat Engineer

11. Industry or business

12. Name Henry Turner Dexter

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen McNamee

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Phil S. Safford

(b) Address 4945 McPherson

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof 2/26/41
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. Louis, Mo.

19. (a) FEB 25 1941
(Date received at registrar's office)

(b) J. W. Breckler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4945 McPherson Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 16 1941
to February 23, 1941
that I last saw him alive on Feb. 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Paralysis of Left Foot
Secondary
Arterio-Sclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature George H. Safford M. D. or other

Address 818 Olive Street Date signed 2/24/41

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.....

Robert T. Sangster

Registered Apprentice No. 259

working under my personal supervision.

Signed

Wesley D. Prohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.