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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

30314

FILED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7653

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: Homer G Phillips ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3033 Pine 5
(If rural, give location)

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

3. (a) PRINT FULL NAME Brownlow Sexton

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased Feb 29, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 6 11 .hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman, Porter

11. Industry or business City: None St Louis

12. Name John Sexton

13. Birthplace ? Va
(City, town, or county) (State or foreign country)

14. Maiden name Emma Thompson

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Glorence A. Spotts Secy

(b) Address Homer G Phillips Hospital

17. (a) Anatomical (b) Date thereof 9-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. Ruffin

(b) Address 3500 Rutger

19. (a) SEP 23 1941 (b) J. B. Buddick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1941 hour 7:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 4, 1941 to September 10, 1941;
that I last saw him alive on September 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & Hypertension
Duration 10yrs

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 J. W. Johnson (M. D. or other) 0

Address 2601 N Whittier Date signed 9-13-41

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

University School of Medicine

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

R. N. Schaefer
Prof. of Anatomy

P. O. Address _____

Sept 23-41

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.