

FILED DEC 21 1942 318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis 423
(If outside city or town limits, write "RURAL")
(d) Street No. 1432 Menard St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JOHN N. SEXTON

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept. 9th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 0 0 hr. min.

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

10. Usual occupation Retired

11. Industry or business 14 years

MOTHER FATHER { 12. Name John W. Sexton,
13. Birthplace Millford, Ind. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Fouquarde,
15. Birthplace East Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant John W. Sexton
(b) Address 101 Naylor, Pine Lawn, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. M. Laughlin
(b) Address 2301 Lafayette Ave.

19. (a) DEC 11 1942 (b) J. F. Boudrick (Registrar's signature)
(Date received local health officer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1942 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to Cerebral Apoplexy

Due to Heart
83
11/11/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy.....

Duration

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 Walter P. ... (M. D. or other)
Address W. P. ... Date signed 12/11/42

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. R. Casper

Licensed Embalmer No.

3633

P. O. Address.....

2217 Lafayette

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.