

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30378

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 8777

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3443 Hartford St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Esther Sexton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Sexton 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 9 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Glasnier 13. Birthplace Ohio (City, town, or county, State or foreign country)

14. Maiden name Mary Bowles 15. Birthplace Missouri (City, town, or county, State or foreign country)

16. (a) Informant Charles Sexton (b) Address 3443 Hartford St

17. (a) Burial (b) Date thereof Oct 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers (b) Address 3029 Lafayette Ave

19. (a) OCT 4 1943 (b) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3443 Hartford St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st Day 18 October
Year 1943 hour 11:15 minute _____ P. M.

I hereby certify that I attended the deceased from Aug 14 1943 to Sept 26 1943
that I last saw her alive on Sept 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Diabetes Mellitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 6/1

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) no

(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 [Signature] (M. D. or other) _____

Address 3801 S. Broadway Date signed 4/2/43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Frank J. Duran

Licensed Embalmer No. 2245

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.