S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40543

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 14821

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: 4747 Carter Ave. /
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12
(c) City or town 4747 Carter Ave. 97
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Marie Sexauer

3. (b) If veteran, name war No

3. (c) Social Security No. No

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

6. (b) Name of husband or wife Eduard Sexauer

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

7. Birth date of deceased May 24, 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Jacob Jenne

13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Otto Sexauer
(b) Address 4747 Carter Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun.
(b) Address 2825 N. Grand Blvd.

19. (a) DEC 20 1943 (Date received local registrar) (b) O. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Ded. day 20th year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec. 19, 1943, to Dec. 20, 1943, that I last saw her alive on Dec. 19, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Hypertensive cardiovascular disease	Several years
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? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature John J. Fitz, M.D. (M. D. or other)
Address 4703 Carter Ave. St. Louis Date signed 12-20-43

(Licensed Embalmer's Statement on Reverse Side)

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.....John Ogorosk

Licensed Embalmer No. 3398

P. O. Address.....

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.