

FILED JAN 19 1944

State File No.

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 79

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
101 Naylor Ave. Pine Lawn
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 101 Naylor Ave. Pine Lawn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Sexton
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-22-2346

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Sexton 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct. 4th. 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 3 6 _____ hr. _____ min.

9. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Hookman

11. Industry or business Fulton Iron Works

12. Name John N. Sexton

13. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name Anna Beard

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

16. (a) Informant Emma Sexton

(b) Address 101 Naylor Ave.

17. (a) Burial (b) Date thereof 1-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

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

(b) Address 3710 N. Grand Bl.

19. (a) JAN 12 1944 (Date) (b) E. J. McDevan, D.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th.
year 1944 hour 8.05 minute A. M.

21. I hereby certify that I attended the deceased from January 6 to Jan 10 1944
that I last saw him alive on Jan 10 - 44 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 day

Due to _____

Due to _____

Other conditions Influenza 5 Days
(Include pregnancy within months of death)

Major findings: Of operations _____

Of autopsy 330

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 Paul Grosskreutz (M. D. number) _____

Address 3601 Canaan St. Date signed 1/10/44

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

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

MOTHER FATHER

707

(Licensed Embalmer's Statement on Reverse Side)

St. Louis (20) 210

the Embalmer
3601 Center St

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address 2710 Grand Bl
Worcester MA

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.