S. No. 2
OM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13337

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3913

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSPITAL
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7615 Alabama Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HENRY SEXAUER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September (Month) 15th (Day) 1879 (Year)

8. AGE: Years 64 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Produce

11. Industry or business

FATHER
12. Name Felix Sexauer
13. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lydia Hook
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olivia Sexauer,
(b) Address 7615 Alabama Avenue,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery,

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) APR 27 1944 (Date received local registrar) (b) J. F. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1944 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Mar 21, 1944 to April 26, 1944 that I last saw h. liv. alive on April 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Andrew Youngman (M. D. or other)
Address Sappington Mo Date signed 4/26/44

(Licensed Embalmer's Statement on Reverse Side)

Hours 2 to 4
4602 Gravois---Hu-2929

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd.

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.