S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29061

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7502

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

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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town S ~~St. Louis Co~~ Rock Hill Village 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1056 Charleville Ave. N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JANE SEXTRO

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1936 (Year)

8. AGE: Years 9 Months 8 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Frank J. Sextro
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Aurelia M. Bosch
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank J. Sextro
(b) Address 1056 Charleville Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 31 (Day) 46 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1946 hour 11:25 minute P M.

21. I hereby certify that I attended the deceased from August 24, 1946, to August 28, 1946 that I last saw her alive on August 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus

No marks of injury

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 12

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Talmadge (M. D. or other)

Address 1515 Lafayette Avenue Date signed 8/29/46

(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 Edwin J. McDermott

Licensed Embalmer No. 3024

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.