S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36254

State File No.

FILED OCT 24 1947 List 49722

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9491

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 #1 0
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4900 North 20th Street 9
(If rural, give location) 0

(e) Citizen of foreign country? 9- (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY SEXTRO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife ~~xxxxxx~~ Sextro

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

7. Birth date of deceased March (Month) 10 (Day) 1964 (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Kirkwood, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Rosemann
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Niemeier
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Ben Sextro 1
(b) Address 4236a W.Sacramento

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 10-15-47
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge

19. (a) OCT 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1947 hour 2:25 minute A M.

21. I hereby certify that I attended the deceased from 3-26-47
, 19, to 10-12-47, 19;
that I last saw her alive on 10-12-47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions Senile psychosis, arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy arteriosclerosis, scars of old pyelitis

Duration 3 days

PHYSICIAN

Underline the cause of 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 0

23. Signature C. E. Boyd (M. D. or other)

Address 1515 Lafayette Date signed 10-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Emb separate cert files

OCT 14 1947

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.....

Licensed Embalmer No.....

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.