No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6643

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1440

1009
4

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 4220

d. STREET ADDRESS (If rural, give location) 4821 Hershey Dr. Affton Mo.

3. NAME OF DECEASED (Type or Print) a. (First) 6385 Maryland b. (Middle) William c. (Last) Sexauer

4. DATE OF DEATH (Month) (Day) (Year) 2-10-51

5. SEX M. 0

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1867 7-5-~~1883~~

9. AGE (In years last birthday) 6-7-83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jacob Sexauer

13b. MOTHER'S MAIDEN NAME Eva Hartmus

14. NAME OF HUSBAND OR WIFE Josephine (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-20-0031

17. INFORMANT'S SIGNATURE OR NAME Affton ADDRESS Floretta Eydmann 4821 Hershey Dr

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 151X

22. *I hereby certify that I attended the deceased from* 11-1- *19*50, *to* 2-10- *19*51, *that I last saw the deceased alive on* 2-9- *19*51, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Albert Kaplan MD

23b. ADDRESS 607 N. Grand

23c. DATE SIGNED 2-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-13-51

24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. FEB 13 1951

REGISTRAR'S SIGNATURE J. B. Lanter

25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec St.

(Licensed Embalmer's Statement on Reverse Side)

DR. KAPLAN
U.C. BLDG
LU 4000
10.M

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 6643-51

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1440

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for William Sexauer, died ~~XXXXX~~ 2-10-51, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read 7-5-1867
Instead of 1883

Item No. 9 should read Age 83
Instead of 67

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jacob D. Haupt FUN. ~~Inf.~~ DIR.
Relationship.

3013 Meramec
Present Address.

Subscribed and sworn to before me this 21 day of Feb., 1951

My Commission expires 5-4-51 Ellen C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

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