

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25283
5928

State File No. 25283
Registrar's No. 5928

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 25283		Registrar's No. 5928				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE Mo. b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169						
d. FULL NAME OF HOSPITAL OR INSTITUTION 3443 Hartford St.				STREET ADDRESS (If rural, give location) 3443 Hartford St.								
3. NAME OF DECEASED (Type or Print) CHARLES T. SEXTON			a. (First)			b. (Middle)			c. (Last)			
4. DATE OF DEATH June 30 1951			4. DATE OF DEATH (Month) (Day) (Year)			5. SEX Male			6. COLOR OR RACE White			
5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower			8. DATE OF BIRTH Jan. 18, 1875			
9. AGE (In years last birthday) 76			IF UNDER 1 YEAR Months _____			IF UNDER 1 YEAR Days _____			IF UNDER 1 HR. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman (Retired 15 Years)				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Daniel Sexton				13b. MOTHER'S MAIDEN NAME Margaret Donnally				14. NAME OF HUSBAND OR WIFE Late Esther Sexton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Esther Brandemour					ADDRESS 3443 Hartford St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Ascension of the Prostate with Submyeloid Metastases								INTERVAL BETWEEN ONSET AND DEATH 1 year		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. _____												
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			21d. (COUNTY) _____		21e. (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 177X						
22. I hereby certify that I attended the deceased from July 6, 1951 , to July 30, 1951 that I last saw the deceased alive on June 29, 1951 and that death occurred at 10:20 m., from the causes and on the date stated above.												
23a. SIGNATURE John A. Wayland, M.D.					23b. ADDRESS 213301-50 Green St. St. Louis, Mo.			23c. DATE SIGNED July 2-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. JUL 2 1951			REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser					ADDRESS 4228 S. Kingshighway Bl.	

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

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 William D. White

Signed.....
Student Embalmer

Licensed Embalmer No. 51291

P. O. Address 4228 Le Kinghigh

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.