

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED NOV 22 1954

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

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

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY Ste Genevieve

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste Genevieve

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED

a. (First) George

b. (Middle) Joseph

c. (Last) Sexauer

4. DATE OF DEATH

(Month) Nov. (Day) 9 (Year) 1954

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH Dec. 8, 1880

9. AGE (In years last birthday) 73

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_

IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (State or foreign country) Ste Genevieve, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Sexauer

13b. MOTHER'S MAIDEN NAME Elizabeth Sauer

14. NAME OF HUSBAND OR WIFE Mary Sexauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mary Sexauer, Ste Genevieve, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ACUTE PANCREATIC NECROSIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ACUTE PANCREATITIS

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH 28 day

same

19a. DATE OF OPERATION Nov 3, 1954

19b. MAJOR FINDINGS OF OPERATION Acute Pancreatitis with Fat Necrosis of Omentum

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) N O

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) \_\_\_\_\_

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

21f. HOW DID INJURY OCCUR? 5870

22. I hereby certify that I attended the deceased from Oct 25, 1954, to Nov 9, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 12:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Lawrence Keyes M.D.

23b. ADDRESS 4-952 Maryland, 8

23c. DATE SIGNED Nov 9

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

24b. DATE 11-9-54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) Ste Genevieve, Mo.

DATE REC'D BY LOCAL REG. NOV 9 1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

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

NOV 24 1950

**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.....

Student Embalmer No. 5876

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. 37491

P. O. Address *St Louis, Mo*

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.