

Health,
& Welfare
Public
Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

40880

FILED NOV 18 1957

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FESTUS, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Length of stay in lb		d. STREET ADDRESS 722 WARNE ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) FRANK F. SEXAUER				First Frank Middle F. Last Sexauer		4. DATE OF DEATH NOV. 3, 1957		Month Nov Day 3 Year 1957	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 26, 1877		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASSWORKER			100. KIND OF BUSINESS OR INDUSTRY Glass factory		11. BIRTHPLACE (City and state or country) ST. GENEVIEVE Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME FRANK F. SEXAUER				14. MOTHER'S MAIDEN NAME SOPHIA SEIBERT					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 489-03-3901		17. INFORMANT Address MRS. THRESIA E. SEXAUER, FESTUS, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Tuberculosis DUE TO (b) Renal Tuberculosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Sept 18, 1957 to _____ and last saw her alive on Sept 18, 57 Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Esteban Delgado				22b. ADDRESS Festus, Mo		22c. DATE SIGNED 11/4/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE NOV. 6 1957		23c. NAME OF CEMETERY OR CRYPTORY RESURRECTION		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO.			
24. FUNERAL DIRECTOR James P. Cady				ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-5-57		26. REGISTRAR'S SIGNATURE James P. Cady	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 13 1957

NOV 19 1957

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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

James Richard Cady

Licensed Embalmer No. 430

P. O. Address CRYSTAL

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.