Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038208
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9782

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital — Length of stay in 1b: 20/9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 7814 Ivory Ave. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Catherine Middle: Last: Sexton
4. DATE OF DEATH: Month: October Day: 11 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: June 27, 1873
9. AGE (In years last birthday): 85 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jacob Dedert
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Late James Sexton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Arlington J. Sexton Address: 10062 Denness Av

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TO REWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic Coma + Bleeding Esophageal Varices
DUE TO (b): Cirrhosis
DUE TO (c): 581.0 F
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: Varies
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pt. Also had an Fx R Femur which was 2 weeks old
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell at home
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 9-27-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo. COUNTY STATE

21. I attended the deceased from 9-27-1958, to 10-11-1958 and last saw her/him alive on 10-11-1958
Death occurred at 3:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John Allen Burrell (Degree or title) (M.D.)
22b. ADDRESS: City Hospital #1, St. Louis Mo.
22c. DATE SIGNED: 10/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 14, 1958
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG.: OCT 14 '58
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 [illegible]

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.