N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7199

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Marys Infirmary St. ..... Ward)

File No. .....

Registered No. 1506

2. FULL NAME Nickolaus Messmer

(a) Residence. No. 2648a California Ave Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Messmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1904

7. AGE: YEARS 26 | MONTHS 9 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Packer
(b) General nature of industry, business, or establishment in which employed (or employer) Hampton
(c) Name of employer Brown Shoe Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Hungary

PARENTS

10. NAME OF FATHER Fred Messmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Hungary

12. MAIDEN NAME OF MOTHER Catherine Kuehn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Hungary

14. INFORMANT Agnes Messmer
(Address) 2648a California Ave

15. FILED -6 1931, 19 ..... Max Costker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-3-31, 19..., to 2-5-31, 19..., that I last saw h... alive on 2/5, 1931, and that death occurred, on the date stated above, at 12:30 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Chronic hypertrophic -
93C

Coma (duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia ?

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2648a California

DID AN OPERATION PRECEDE DEATH? No DATE OF 2-5-31

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinically

(Signed) R. O. Mueller, M. D.

2/5, 1931 (Address) 1536 Papin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul | DATE OF BURIAL February 7 1931

20. UNDERTAKER Brendel & Co | ADDRESS 1718 Lydia