WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DEC 26 1931

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

38870

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: (No. 506, Luther Ave St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 415

2. FULL NAME: Joseph Messmer

(a) Residence, No. St., Ward.
(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: Male
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~~: Anna Messmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1858

7. AGE: Years 73 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bleachery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

MOTHER
15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable

17. INFORMANT: Anna Messmer
(ADDRESS) 506 Luther

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset B. Ok. DATE: Nov. 14, 1931

19. UNDERTAKER: C. Hoffmeister Undertaking Co
(ADDRESS) 2914 S. Broadway

20. FILED Nov 18, 1931 L. C. Obrot, Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1931, to Nov 11, 1931. I last saw him alive on Nov 11, 1931. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| 5D | |
| 1648 | |
| 114 | |
| JBD | |

Other contributory causes of importance:

Myocarditis and Asthma

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A W Peters, M. D.
(Address) 601 Missouri Bldg