

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

39335

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis, Mo.*..... St. Ward)

File No. **11524**
Registered No.

2. FULL NAME

(a) Residence, No. **6819 1/2 Broadway** / Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Amelia Messa</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4 - 1887</i>		
7. AGE	YEARS <i>44</i>	MONTHS <i>4</i>
	DAYS <i>4</i>	If LESS than 1 day, hrs. or min. <i>no</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shoe Repairer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 14 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 14 1931* to *Nov 14 1931*

I last saw him alive on *Nov 14 1931*. Death is said to have occurred on the date stated above, at *5 AM*.

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

Chronic Myocarditis Chronic
9.3 C
95
Other contributory causes of importance:
J. S. C.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

FATHER

13. NAME *Jacob Messa*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

MOTHER

15. MAIDEN NAME *Marie [unclear]*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

17. INFORMANT (ADDRESS) *Rose Messa 6819 1/2 Broadway*

18. BURIAL, CREMATION OR REMOVAL PLACE *St. Clair Cem.* DATE *Nov 17 31*

19. UNDERTAKER (ADDRESS) *Southern Nat Co 6370 250 Grand Blv*

20. FILED *Nov 17 1931* Registrar *[Signature]*

Name of operation..... Date of.....

What test confirmed diagnosis? *Chromic* 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? *No*
If so, specify.....
(Signed) *J. H. [unclear]*, M. D.
(Address) *77 1/2 [unclear]*

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.

1/10/19